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ABSTRACT

This 1997 Kids Count report examines challenges to Colorado children and youth and how prevention and early intervention can enhance their well-being. The report includes a summary of recent research on brain development and the importance of early experience and stimulation in early intervention programs. The levels of state funding for various programs serving children and their families are delineated. The statistical report is based on 12 indicators of child well being: (1) child poverty; (2) paternity establishment; (3) early prenatal care; (4) low birth weight; (5) infant mortality rate; (6) teen birth rate; (7) immunizations; (8) health insurance; (9) child abuse deaths; (10) teen suicide rate; (11) high school graduation rate; and (12) youth unemployment. Results indicate that Colorado has met its first goal, identified in 1990's Children's Campaign, by reducing the infant mortality rate to 6.9 per thousand. There has been excellent progress on paternity establishment and immunization, and slower progress on early prenatal care and teen births. Progress on goals for child abuse and neglect, health insurance, and teen suicide is stagnant. Lack of progress on low-weight births and high school graduation rates is also troubling. The report challenges the state to promote health, intellectual, emotional, and behavioral growth of all Colorado children by championing preventive health care, quality child care, and family support during children's formative years. (KDFB)

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KidsCount in Colorado!

1997

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March of Dimes Preventing Birth Defects

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KidsCount in Colorado!
1997

Written by:
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KidsCount in Colorado! is part of the National KIDS COUNT Project and is funded by the Annie E. Casey Foundation

The Colorado Children's Campaign helps children live better lives. Our dream is that all Colorado children will have everything they need to grow up safe, healthy, well-educated, cherished, and with hope for the future. Most Colorado children are doing well — they are born to parents who have the time and resources to nurture them, they attend good schools and can read at their grade levels, they live in safe neighborhoods, and they know their family doctors by name. There are Colorado children, however, who aren't so lucky. Many children in our state are growing up in families and communities that don't have the resources, skills, or opportunities to give children the basics for a good start in life.

At the Colorado Children's Campaign, we keep track of both the lucky and not-so-lucky children in Colorado through the KidsCount project. We document where they've been and where they're going — because it all starts with the hard facts and the motivation to create hope and opportunity in the lives of all Colorado children.

The Greatest Challenges Facing Colorado's Children

COLORADO KIDS

- ***54,000 babies are born each year.***
- ***656,300 children attend public elementary, middle, and high schools.***
- ***986,000 children are under age 18, representing 26% of the total population.***
- ***The race and ethnicity of Colorado's children are:***
  - ***75% White;***
  - ***17% Hispanic;***
  - ***5% Black;***
  - ***2% Asian;***
  - ***1% American Indian.***
- ***The median income for a Colorado family of four is $48,800.***
- ***130,000 Colorado children (15%) live in poor families — households that earn less than $15,600 for a family of four.***

The 1997 KidsCount in Colorado! *report looks at some of the greatest challenges in the lives of Colorado children and youth:*

- *Babies not nurtured or given adequate care;*
- *Families struggling to raise their children;*
- *Health care organized around crisis instead of prevention;*
- *Schools serving more students with greater needs;*
- *Record levels of violence in the lives of youth;*
- *An increasing number of children in institutional care and rising associated costs.*

The 1997 KidsCount in Colorado! *report also shows how relatively small investments in young children and more intensive interventions for high-risk youth can be repaid many times over.*

KEEPING TRACK:

THE DECADE OF THE CHILD GOALS

The Children's Campaign declared the 1990s the Decade of the Child and organized a 10-year initiative to make Colorado the most "child-friendly" state in the nation. Since 1990, the Children's Campaign has been tracking how children are doing on 12 key indicators of child well-being through the Decade of the Child Goals. Table 1 documents all 12 Decade Goals and Colorado's most recent performance.

This year we celebrate Colorado meeting its first goal by reducing the infant mortality rate to 6.9 infant deaths per every 1,000 babies born — just below the Decade Goal of seven deaths per 1,000 births (Figure 1). Colorado has also made excellent progress on the Decade Goals for paternity establishment (Figure 2) and immunization, and is inching toward the goals for early prenatal care and teen births.

Figure 1
Infant Mortality Rate Meets Decade of the Child Goal, Colorado: 1940-1994

Source: Colorado Department of Public Health and Environment, Health Statistics Section
Rate: Infant deaths per 1,000 live births

Table 1
Colorado's Progress on the Decade of the Child Goals, Colorado: 1990-1994

DECADE INDICATOR	BASELINE 1990	CURRENT STATUS 1994	DECADE GOAL
Child Poverty	15%	NA	8% of children in poverty
Paternity Establishment	37%	58% (1995)	Paternity established in 70% of births to unmarried women[a]
Early Prenatal Care	77.8%	80.7%	90% of pregnant women begin prenatal care in the first trimester
Low Birth Weight	8.0%	8.6%	5% of babies born under 5.5 pounds
Infant Mortality Rate	8.8	6.9	7 infant deaths per 1,000 live births
Teen Birth Rate	54.3	50.6	25 births per 1,000 teen girls, ages 15-19
Immunizations	58% (1991)	74% (1995)[b]	90% of two-year-olds fully immunized
Health Insurance	85%	85% (1993)	100% of children have health coverage
Child Abuse Deaths	31	29	12 deaths due to child abuse
Teen Suicide Rate	9.7	9.7	3.5 suicides per 100,000 teens, ages 10-19
High School Graduation	78.9% (1991)	77.4%	90% graduation rate, with all racial and ethnic groups accounting for increase
Youth Unemployment	13%	NA	7% unemployment for young adults, with all racial and ethnic groups accounting for decrease

Source: Colorado Department of Education, Colorado Department of Human Services, Colorado Department of Local Affairs, Colorado Department of Public Health and Environment
Note: A. The Colorado Children's Campaign has revised the Decade of the Child Goal for paternity establishment from 60% to 70% based on suggested federal goals for the IV-D paternity establishment program. Please see technical notes for full explanation of paternity establishment rate. B. Prior to 1994, immunization status was estimated through the Retrospective Kindergarten Survey which used records of kindergartners to determine if they had been fully immunized by their second birthdays. Beginning in April 1994, the National Immunization Survey began an ongoing telephone survey to ask Colorado parents of two-year-olds if their children were fully immunized. Due to the significant difference in survey methods, it is inappropriate to draw absolute conclusions about Colorado's progress toward the Decade of the Child Goal from this data.

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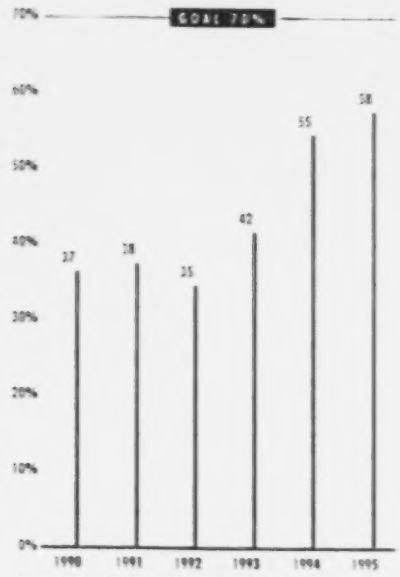
Figure 2
Decade Goal: Paternity Establishment among Unmarried Births, Colorado: 1990-1995

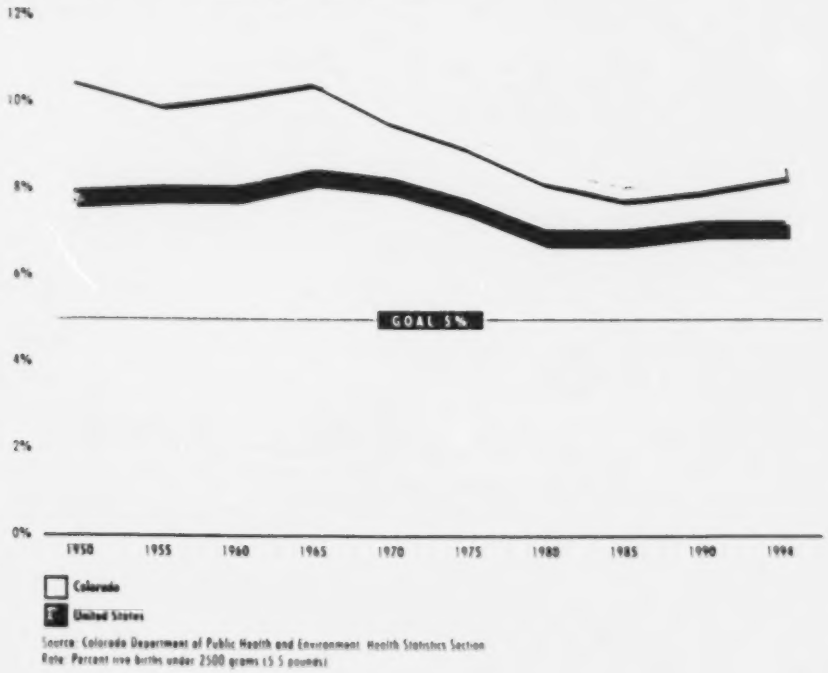


Source: Colorado Department of Public Health and Environment, Health Statistics Section

But we also look to Colorado's performance on other goals with concern. Progress on the Decade Goals for child abuse and neglect, health insurance, and teen suicide is stagnant. More troubling, Colorado is further from meeting the Decade Goals for low weight births (Figure 3) and high school graduation (Figure 4) than when we began tracking them in 1990.

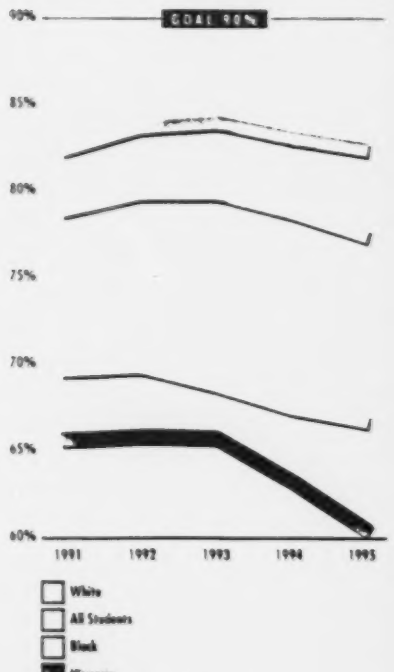
The 1997 *KidsCount in Colorado!* report highlights what is working for children in Colorado and what we need to improve upon to meet the Decade of the Child Goals by 2000.

Figure 3
Decade Goal: Low Weight Births, Colorado and U.S.: 1950-1994



Source: Colorado Department of Public Health and Environment, Health Statistics Section
Note: Percent live births under 2500 grams (5 5 pounds)

Figure 4
Decade Goal: High School Graduation Rates, Colorado: 1991-1995



Source: Colorado Department of Education

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Early Brain Development

QUICK FACTS

- *By age one, infants achieve 80% of their total brain growth.*
- *The number of neural connections in the brain increases 20-fold in the months after birth.*
- *The biochemical patterns of a one-year-old's brain strongly resemble those of a normal young adult.*
- *177,000 young Colorado children need some form of child care while their parents work.*
- *94% of Colorado licensed child care centers are rated as poor or mediocre. Only 6% provide a high enough quality of care to support children's developmental needs.*

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DID YOU KNOW?

Child care will become the sixth-largest industry in the country in terms of job growth in the next decade. Between 1994 and 2005, the number of child workers will grow nearly 60%.[1]

For at-risk families who do not receive early intervention services, welfare and service costs can total as much as $40,000 per year per family compared to the annual cost of $2,000 for a home visitor program.[2]

THE CHALLENGE

The dramatic physical growth of young children is well documented. By age one, infants triple in weight, double in length, and achieve 80% of their total brain growth for life. Recent research also documents the intensive development within the brain. Researchers have found that our intelligence, behavioral patterns, and even our personalities are largely formed by our experiences before the age of three. Yet, many Colorado children are born into families that are unprepared to parent or are cared for by child care providers who do not foster their healthy development.

THE OPPORTUNITY

Research has painted a clear picture of the intensive nurturing children need to thrive. With the right community support, low birth weight babies gain weight faster, mildly retarded children achieve normal functioning, and children of poor and ill-equipped parents gain 20 points in their IQ scores. Colorado has the opportunity to equip parents, child care providers, and other caregivers with the skills necessary to foster optimum brain development, especially in disadvantaged children.

COLORADO CHILDREN'S CAMPAIGN'S
Small Steps for Children

- Launch of Bright Beginnings, a volunteer community-based initiative to provide new parents with information about child development (1995).
- Creation of the Quality Child Care Tax Check-Off to support improvements in licensed child care facilities (1996).
- Reinstatement of the Child Care Income Tax Credit allowing working families to deduct a portion of their child care expenses from their state taxes (1996).
- Passage of the Child Care Licensing Act which ensures that centers at risk for substandard conditions are investigated promptly (1996).

"The knowledge already exists about how to raise smarter children. The mystery — and the tragedy — is that educators, politicians, and so many parents continue to ignore it."

JOAN BECK
Chicago Tribune

WHAT RESEARCH SAYS ABOUT THE DEVELOPING BRAIN[1]

Parents and experts have long known that babies raised by caring adults in safe and stimulating environments are better learners than those raised in less stimulating settings. Research has shown:

1 The brain develops more rapidly before age one than at any other point in a person's life.

- Biochemical patterns of a one-year-old's brain strongly resemble those of a normal young adult.[2]
- Upon birth, the brain has already begun to link billions of cells together — up to 15,000 connections (synapses) per cell.
- These synapses form the brain's physical "maps" that allow learning to take place, and largely determine the intellectual and emotional capacity of the child.
- The number of synapses increases 20-fold, from 50 trillion to 1,000 trillion in the months after birth.[3]

2 Brain development is extremely susceptible to environmental influence.

- The quality and variety of the physical environment are very important.
- Studies of children raised in poor environments show that they have cognitive deficits of substantial magnitude by 18 months of age. Full reversal of these deficits may not be possible.[4]

3 The influence of early environment on brain development is long lasting.

- One study followed two groups of inner-city children: The first group was exposed, from early infancy, to good nutrition, toys, and playmates; the second was a control. The first group demonstrated significantly more complex brain function at age 12.
- The positive effects appear to be even greater at age 15, suggesting that over time the benefits of early intervention are cumulative.[5]

4 Early stress can impair brain function.

- A child's social environment can activate hormones in ways that adversely affect brain functions, including learning and memory.
- These effects may be permanent. Children who have experienced extreme stress in their earliest years have proven to be at greater risk for developing a variety of cognitive, behavioral, and emotional difficulties.[6]

WHAT IS ESSENTIAL FOR OPTIMUM BRAIN DEVELOPMENT

All kids need and benefit from:

- Educated, healthy, economically stable, dependable, emotionally responsive, and trusting parents;
- Intensive nurturing;
- A rich and responsive language environment in which children are exposed to a wide vocabulary and are read to every day;
- Full-day, five-day-a-week, year-round care and education (whether provided by parents or other significant caregivers) that keep children safe and provide consistent, enriched learning environments with toys, playmates, and developmentally appropriate challenges.[7]

Disadvantaged kids need and benefit from the additional support of:

- Prenatal care that emphasizes nutrition and healthy behavior;
- Parent education in child-rearing skills and development;
- Home visits by health professionals for premature babies;
- Preventive health care with follow-up services that alerts parents to hearing, vision, and learning difficulties before easily treated ailments, such as ear infections, result in permanent damage;
- Home visits by child development professionals supplemented with comprehensive, early center-based care and education.[8]

LONG-TERM BENEFITS OF OPTIMUM BRAIN DEVELOPMENT

With a nurturing environment early in life, all children:

- Have higher IQ scores;
- Adjust more easily to school, have better cognitive and language development, are less likely to repeat a grade, and are assigned to special education programs less frequently;
- Are more likely to be emotionally competent, well-adjusted, responsible, and able to control violent impulses.[1]

Optimum brain development has an even greater benefit for those children born at an economic or health disadvantage.

Targeted programs have been shown to:

- Double the growth rate and increase IQ scores of premature babies;
- Improve IQ scores an average of 20 points for children of impoverished parents;
- Achieve normal functioning in mildly retarded children;
- Improve rates of graduation, secondary education or training, employment, and annual earnings among disadvantaged children.[2]

WIDE GAP BETWEEN KNOWLEDGE AND PRACTICE

Ill-Equipped Families

The single most important factor in a child's growth and development is the family. In Colorado:

- 25% of babies are born to unmarried women;
- 12% of babies are born to teenagers;[3]
- 21% of children live in single-parent homes;
- 18% of families with young children live in poverty;[4]
- Two-thirds of employed American parents say that they do not have enough time for their children.[5]

"The infant's brain reflects the sum of the influences — genetic, nutritional, environmental, social, psychological, educational, and even accidental — that have all converged, unpredictably and irreproducibly, during development."

SANDRA ACKERMAN
Discovering the Brain

An Inadequate System of Child Care and Education

On any given day, 48% of young Colorado children spend some or all of their day in a child care center or child care home.[6] For many of these children, their intellectual stimulation and development largely depend on the quality of care they are receiving. Colorado's system of private and public child care, however, has a difficult time providing quality care that promotes optimum development. Few parents can afford the full cost of quality child care.

Child Care Centers and Homes

- Of the estimated 177,000 children needing child care, there are only 124,000 spaces in licensed centers or homes.[7] Licensed facilities have been found to provide a better quality of care than unlicensed facilities.[8]
- A recent University of Colorado study rated 94% of licensed child care centers as poor or mediocre. Only 6% provide a high enough quality of care to support children's developmental needs.

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- The same study rated 40% of care for infants and toddlers as below minimum health and safety standards.[6]
- In national studies, 88% of child care homes have also been found to provide minimal or inadequate care.[7]

Child Care Professionals

- More than half of Colorado child care teachers leave their jobs every year, making it more difficult for a child to bond with his or her caregiver.[8]
- There are no consistent quality standards, staff qualifications, or training requirements that are used and enforced throughout early childhood programs, whether publicly or privately funded.[9]
- Child care workers typically earn $12,000 per year for full-time employment.[10]

"We need to recognize that caring for and educating young children is a skill — a skill that not all parents have, and a skill that we should reward financially in child care providers."

HOLLIS ROBBINS
Member of Colorado Business Commission on Child Care Financing

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A Lack of Comprehensive Services

- Few Colorado child care providers offer comprehensive services for low-income children including a full-day/full-year program, an educationally enriched curriculum, parent education and support services, and health screenings.
- The Head Start program and the Colorado Preschool Project (CPP) provide comprehensive services, but are only open half-days and during part of the year. CPP serves only four- and five-year-olds.

WINDOWS OF OPPORTUNITY

Some kinds of experience are important at sensitive or critical periods in brain development. These periods are similar to brief openings of a window, limited times during which specific types of stimulation can have positive or negative consequences for development. Once the window is closed, the development of that area of the brain is extremely limited and will never attain the same level of development that would have been reached initially.

MATH AND LOGIC

Learning Window: Birth to four years

What We Know: Circuits for math reside in the brain's cortex, near those for music. Toddlers taught simple concepts, like that of one and many, do better in math. Music lessons may help develop spatial skills.

LANGUAGE

Learning Window: Birth to 10 years

What We Know: Circuits in the auditory cortex, representing the sounds that form words, are wired by the age of one. The more words a child hears by age two, the larger her vocabulary will grow. Hearing problems can impair the ability to match sounds to letters.

MUSIC

Learning Window: Three to 10 years

What We Know: String players have a larger area in their sensory cortexes dedicated to the fingering digits on their left hands. Few concert-level performers began playing later than the age of 10. It is much harder to learn an instrument as an adult.

Taken from S. Begley, Your child's brain, Newsweek, February 1996.

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CREATING OPPORTUNITIES

FAMILY SUPPORT AND HOME VISITATION IN COLORADO

Several studies over the last two decades have confirmed that providing educational and support services to parents around the time of a baby's birth — and for up to 12 months afterward — can significantly improve a child's health and reduce the risk of maltreatment. Today, more than 33 home visiting programs in Colorado serve an estimated 20% of families with newborn babies. Some of these programs are targeted at families in distress, while others seek to reach all families with the intent of giving every Colorado child the best possible start in life. Home visitation programs have been found to be successful in:

- Preventing poor birth outcomes. Programs have reduced the rate of low weight births by 80%;
- Promoting child development. Programs have improved IQ scores by 20 points in children at risk for learning delays;
- Increasing use of preventive health services. Programs have improved rates of well-baby care and immunizations;
- Preventing child abuse. Programs have reduced incidence of abuse and neglect by nearly 80%."

THE FOLLOWING HOME VISITING PROGRAMS SERVE COLORADO FAMILIES AND THEIR NEWBORNS:

At-Risk Moms: Colorado Prenatal Project

The Colorado Prenatal Project provides prenatal services for low-income women in 45 of Colorado's 63 counties. Launched in 1983, the Prenatal Project now serves 4,500 pregnant women each year, the equivalent of one out of every 12 births. The Prenatal Project identifies prenatal risks such as smoking or poor nutrition and works to reduce those risks through behavioral change and counseling. Program evaluations have shown that the Colorado Prenatal Project is successful in significantly lowering the number of risk behaviors in pregnant women.[8]

Teen Mothers: Genesis Program

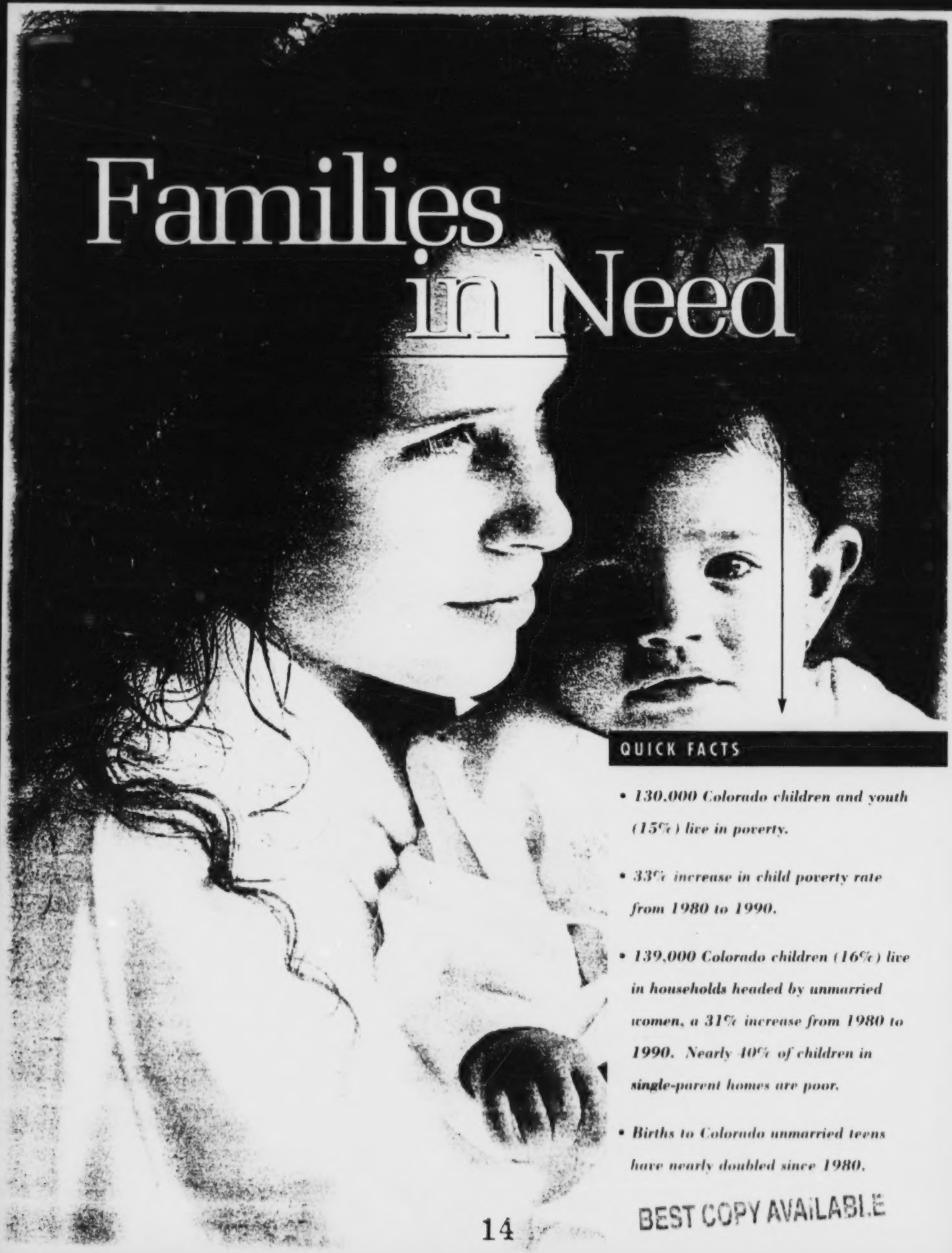
The Genesis Program in Boulder has successfully engaged 94% of pregnant and parenting teen mothers in Boulder County in prenatal care, parent training, high school completion, or job training. Since 1990, Genesis has served 1,300 teen families — from identification of the pregnancy through the child's third birthday. The program has received national recognition for:

- Ensuring that 97% of pregnant teens begin prenatal care within two weeks of initial contact;
- Reducing the rate of low weight births to 6%, compared to the state average of 10% for teen mothers;
- Reducing second births to teen mothers from 24% to 4% in the last four years;
- Assisting 83% of teen mothers to attend high school, a GED program, or vocational training.[9]

All New Babies: Bright Beginnings' Warm Welcome

In its drive to make Colorado "the best place to raise a child," the Bright Beginnings' Warm Welcome initiative uses trained volunteers from local communities across the state to visit all newborns whose families request a visit. Visitors provide parents with information about child health and development, a gift from the community, and a list of community resources. Focused on creating an "extended family" for every newborn, Warm Welcome volunteers often establish ongoing relationships with the families visited in their neighborhoods. In 1996, 300 Warm Welcome volunteers visited more than 1,000 parents of newborns in 28 Colorado counties.

Families in Need



QUICK FACTS

- *130,000 Colorado children and youth (15%) live in poverty.*
- *33% increase in child poverty rate from 1980 to 1990.*
- *139,000 Colorado children (16%) live in households headed by unmarried women, a 31% increase from 1980 to 1990. Nearly 40% of children in single-parent homes are poor.*
- *Births to Colorado unmarried teens have nearly doubled since 1980.*

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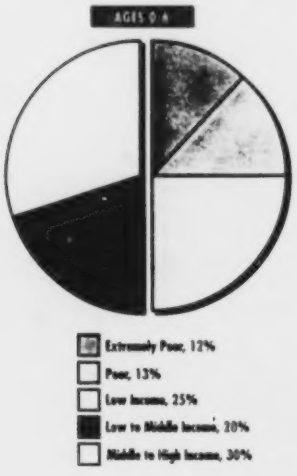
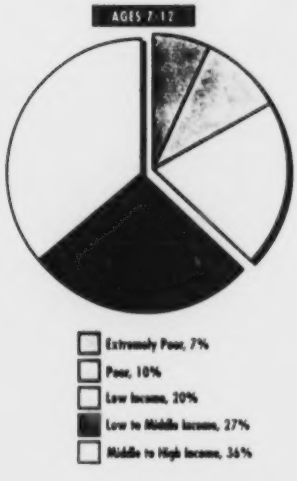
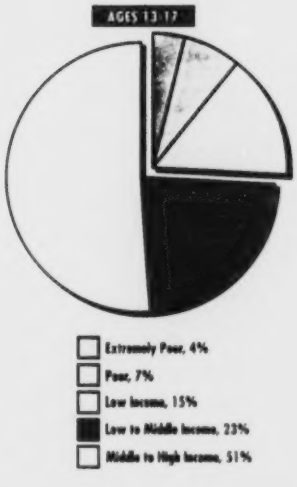
Figure 1
Young Children Are More Likely to Be Poor, Colorado: 1993







Source: RAND Corporation Survey funded by the Robert Wood Johnson Foundation

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THE CHALLENGE

As of 1990, a greater percentage of Colorado children was poor than at any other time in the last 25 years.[17] Children born into economically disadvantaged homes are more likely to be sick, have trouble in school, engage in risk behaviors, and remain impoverished throughout their lives. Much of the growth in poor families is among households headed by single mothers. The dramatic increase in births to unmarried women over the last 30 years, coupled with a divorce rate that has exceeded the national average since 1950,[18] has resulted in one out of every five Colorado children (21%) growing up in single-parent homes. Almost half of these households are poor.[19] The increasing number of children with poverty-related problems has put a critical strain on the systems designed to serve all children: education, health care, child care, parks and recreation, and juvenile justice. The human cost has been severe.

THE OPPORTUNITY

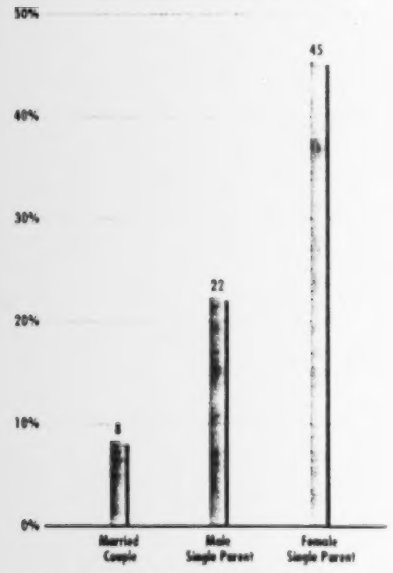
Growing up poor or in a single-parent family does not have to be a formula for failure. Programs for highly disadvantaged children that begin as early as birth and involve parent training, health care, and home visitation can counteract the effects of chronically impoverished homes and neighborhoods. Research has found that intensive early childhood education programs targeted at disadvantaged children can result in higher IQ scores, improved health, increased graduation rates, and fewer years of public assistance.

CHILD POVERTY IN COLORADO

Based on 1990 Census data, 15% of Colorado children and youth are poor compared to only 12% a decade earlier. The actual number of poor children increased 43%, from 91,000 in 1980 to 130,000 in 1990.[28]

- Young children are more likely to live in extremely poor, poor, or low-income families than older children and are therefore more likely to suffer its consequences during key points in their development (Figure 1).
- Children of single parents (Figure 2) and of minority ethnicity (Figure 3) are disproportionately likely to be poor.
- Based on national estimates, 81,000 Colorado children (9%) are chronically poor (poor for two or more consecutive years). Children comprise nearly half of the chronically poor population.[29]

Figure 2
Children of Single Mothers Are More Likely to Be Poor



Source: U.S. Bureau of the Census, 1990, data analysis by the Colorado Department of Education
Note: Percent of children living in poverty

COLORADO CHILDREN'S CAMPAIGN'S
Small Steps for Children

- Passage of a 3% increase in the AFDC grant standard (1988).
- Creation of Family Development Centers that deliver family-support services to 5,000 children and their parents in 21 centers across the state (1991).
- Allocation of $1.4 million of the Youth Crime Prevention and Intervention Fund for community-based programs targeted at young children in disadvantaged families (1996).

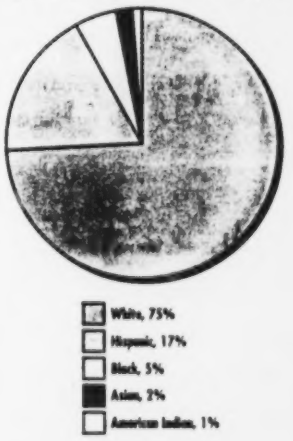
DID YOU KNOW?

According to some projections, only 6% of Black children and 30% of White children born in 1980 will have lived with both parents through age 18.[30]

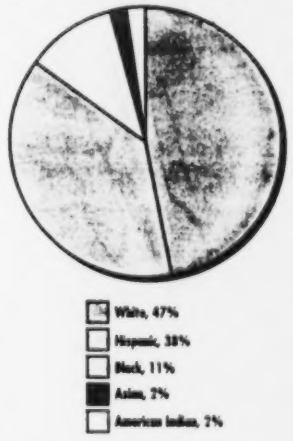
A single mother working full-time at minimum wage pays up to 80% of her income for one child in a licensed child care center.[31]

Figure 3
Colorado Children of Minority Race and Ethnicity

Make Up One-Quarter of the Total Child Population



But More than Half of the Poor Child Population



Source: U.S. Bureau of the Census, 1990

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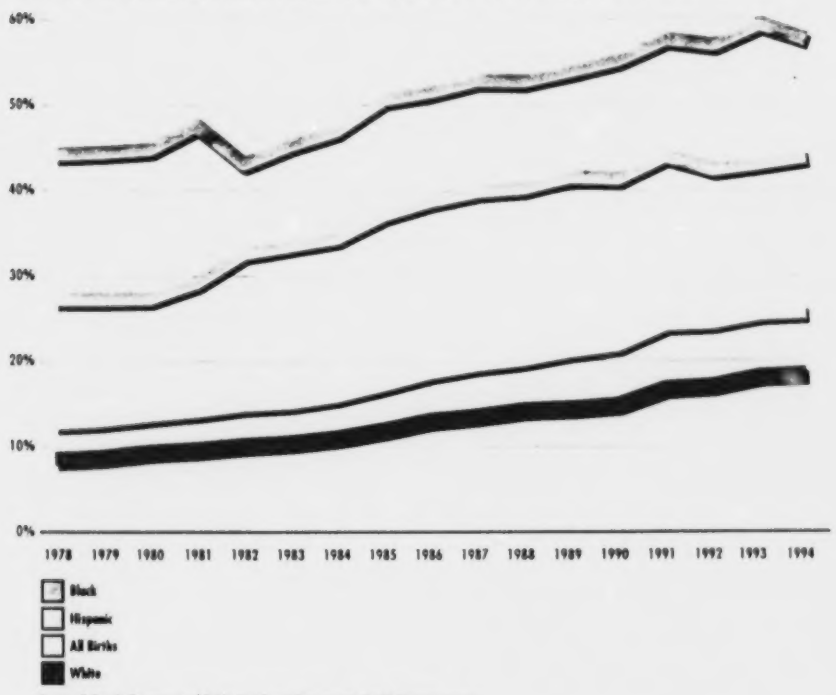
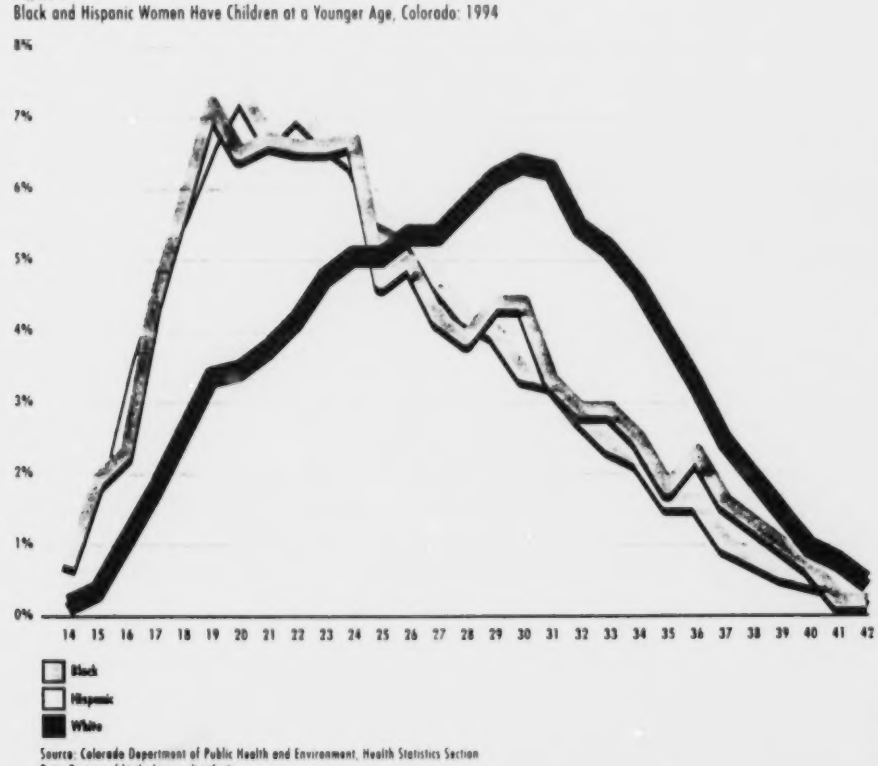
Figure 4
Percent of Births to Unmarried Women Are Increasing among All Racial and Ethnic Groups, Colorado: 1978-1994



Source: Colorado Department of Public Health and Environment, Health Statistics Section

Figure 5
Black and Hispanic Women Have Children at a Younger Age, Colorado: 1994



Source: Colorado Department of Public Health and Environment, Health Statistics Section
Note: Percent of births by age distribution

FEMALE-HEADED FAMILIES

Between 1980 and 1990, there was a 47% increase in female-headed families statewide.[34] Births to unmarried women and unmarried teenagers nearly doubled over the same time period. Twenty-five percent of all births and 73% of teen births were to unmarried mothers in 1994.[35]

- Of the 111,250 Colorado families headed by single parents in 1990, 80% were headed by women, making up more than half of all poor households.[36]
- Women of all racial and ethnic groups account for the rise in unmarried births (Figure 4).
- Black and Hispanic females are more likely to become mothers at a young age than White females (Figure 5). Because young women are less likely to be married and have lower earning potential, this trend often leads to more children of minority ethnicity living in poverty.

On chronic poverty: "It is exactly this kind of long-term poverty that is so devastating to children's health, nutrition, and their ability to learn and succeed."

ARLOC SHERMAN
Children's Defense Fund

- Almost half of American children born to unmarried women each year have no legally recognized father.[37] Only a quarter of all single parents receive the full amount of child support owed to them each month.[38]

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CONSEQUENCES OF POVERTY AND FATHERLESSNESS

Children who are poor are more likely to:

- suffer from health problems (Table 1) such as physical or mental disabilities, iron deficiency, and severe asthma;
- die from birth defects, fires, accidental injuries, disease, and all causes combined;
- live in neighborhoods with inferior schools, higher crime, and greater exposure to toxic chemicals and pollution.[39]

And less likely to:

- be immunized;[40]
- develop the cognitive skills necessary to succeed in school and the workplace;[41]
- graduate from high school, regardless of race or parental education or marital status (Figure 6).

DID YOU KNOW?

National studies estimate that 33% of children will spend at least one year of their lives in poverty.[42]

National projections estimate that 40% of all children and 80% of children of minority race and ethnicity will be born to unmarried mothers by the year 2000.[43]

Colorado's divorce rate is 17% higher than the national average and is the 13th highest in the nation.[44]

Table 1
Relative Frequency of Health Problems of Low-Income Children Compared with Other Children, United States

RELATIVE FREQUENCY OF HEALTH PROBLEMS OF LOW-INCOME CHILDREN COMPARED WITH OTHER CHILDREN	
Health Problem	**Relative Frequency in Low-income Children**
Low birth weight	double
Delayed immunization	triple
Asthma	higher
Bacterial meningitis	double
Rheumatic fever	double-triple
Lead poisoning	triple
Neonatal mortality	1.5 times
Postneonatal mortality	double-triple
Child deaths due to accidents	double-triple
Child deaths due to disease	triple-quadruple
Complications of appendicitis	double-triple
Diabetic ketoacidosis	double
Complications of bacterial meningitis	double-triple
Percent with conditions limiting school activity	double-triple
Lost school days	40% more
Severely impaired vision	double-triple
Severe iron-deficiency anemia	double

Source: B. Starfield "Child and Adolescent Health Status Measures," *The Future of Children*, Vol.3 No.2, Winter 1992

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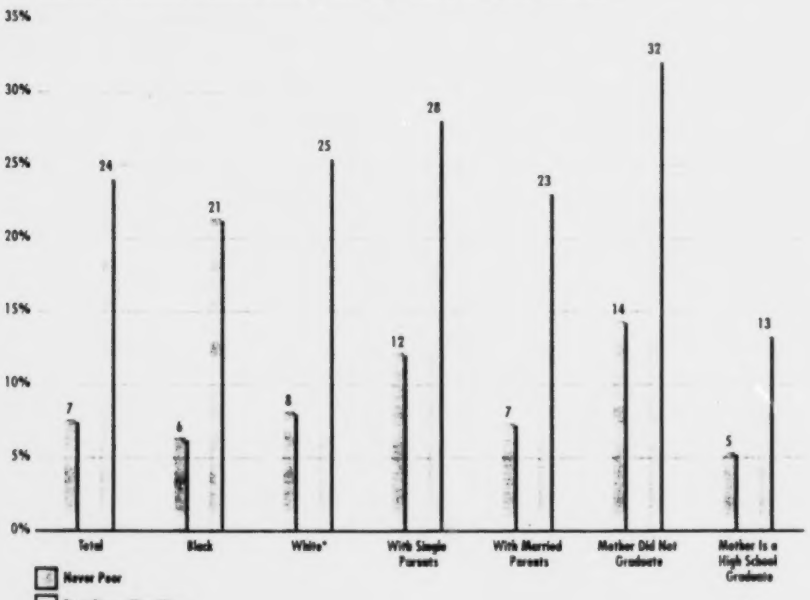
Figure 6
Poor Children Are Less Likely to Graduate from High School Regardless of Background, United States



*Includes a small number of other non-Black children
Source: The Children's Defense Fund, 1994
Note: Percent not completing high school

A COLORADO PROGRAM THAT WORKS

The Colorado Personal Responsibility and Employment Program (C-PREP) is an innovative plan to help women on Aid to Families with Dependent Children (AFDC) move to employment and self-sufficiency. Families enrolled in C-PREP are provided with a subsidy for child care assistance that allows families to become economically stable before removing their AFDC support. An evaluation in March 1996 found that twice as many C-PREP participants were employed in comparison to a control group of other AFDC participants. Now in its third year, 5,000 AFDC families have participated in the program.[6]

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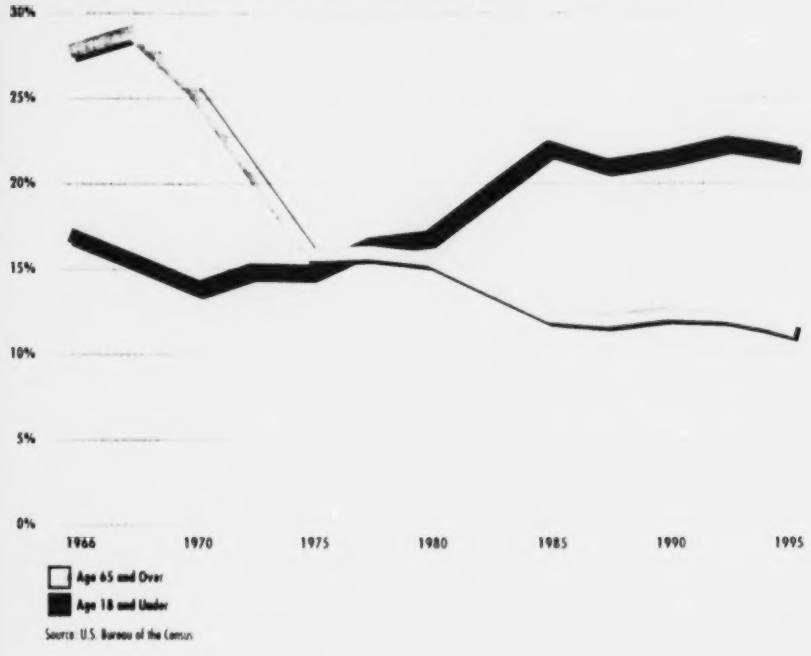
Figure 7
Child Poverty Has Increased While Elderly Poverty Has Declined Dramatically, United States: 1966-1995



Source: U.S. Bureau of the Census

CHILDREN WHO GROW UP WITHOUT A FATHER ARE...

- *Six times more likely to be poor. Thirty-nine percent of Colorado children of single mothers live in poverty, compared to only 6% of children of married parents.*[6]
- *Twenty times more likely to be chronically poor. Families headed by single parents comprise 56% of the chronically poor population.*[7]
- *Twice as likely to drop out of school.*[8]
- *More likely to be emotionally troubled. Children raised without a father more often need foster or group care, abuse drugs, or commit suicide.*[9]
- *Girls are almost three times more likely to become unmarried teen parents.*[10]
- *Boys are more likely to become violent offenders. The percent of single-parent families in a community — not the poverty rate — is the strongest predictor of violent crime and burglary.*[11]
- *The likelihood that a young male will engage in criminal behavior doubles if he is raised without a father and triples if he lives in a neighborhood with a high concentration of single-parent families.*[12] *60% of convicted rapists, 72% of adolescent murderers, and 70% of long-term prison inmates were raised without fathers.*[13]

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CREATING OPPORTUNITIES

In 1996, an estimated 37,000 Colorado families including 69,000 children (8%) received cash assistance through the Aid to Families with Dependent Children (AFDC) program. The average family received $259 dollars per month.[54] The new federal welfare legislation enacted in 1996 will give Colorado the opportunity to consolidate and streamline programs for children in need. While many of the changes required by the bill must be put into effect quickly, Colorado has time for a thoughtful exploration of how to restructure programs to strengthen dependent families and children. To create more effective programs, it will be important to transcend the following myths:

Myth: People are poor because they don't want to work.

Fact: Many of the poor do not work because they are not of traditional working age. About 40% of the poor are under age 18; another 10% are age 65 and older. Of those who are of working age, about 30% work, but earn below-poverty wages. Others cannot find work with the skill levels they possess.

Myth: The poor live primarily off welfare benefits.

Fact: Less than half of the poor receive cash benefits from the government. About three-quarters receive cash or in-kind benefits such as Medicaid, but one-quarter receive no benefits at all. Half of the income of families below the poverty line comes from work or work-related sources such as pensions.

Myth: Most government aid goes to poor families.

Fact: About 75% of government transfer payments is distributed through programs unrelated to income such as Social Security, Medicare, and Veterans' Aid.

Myth: AFDC payments are an increasingly large share of the federal budget.

Fact: AFDC program costs have been relatively constant for the past 20 years at about 2% of the federal budget. In Colorado, the AFDC maximum monthly benefit for a three-person family declined from $744 per month in 1970 (adjusted for inflation to 1995 dollars) to $356 in 1995, one of the 10 biggest benefit erosions in the nation.[55]

Myth: The vast majority of the poor are of minority race and ethnicity.

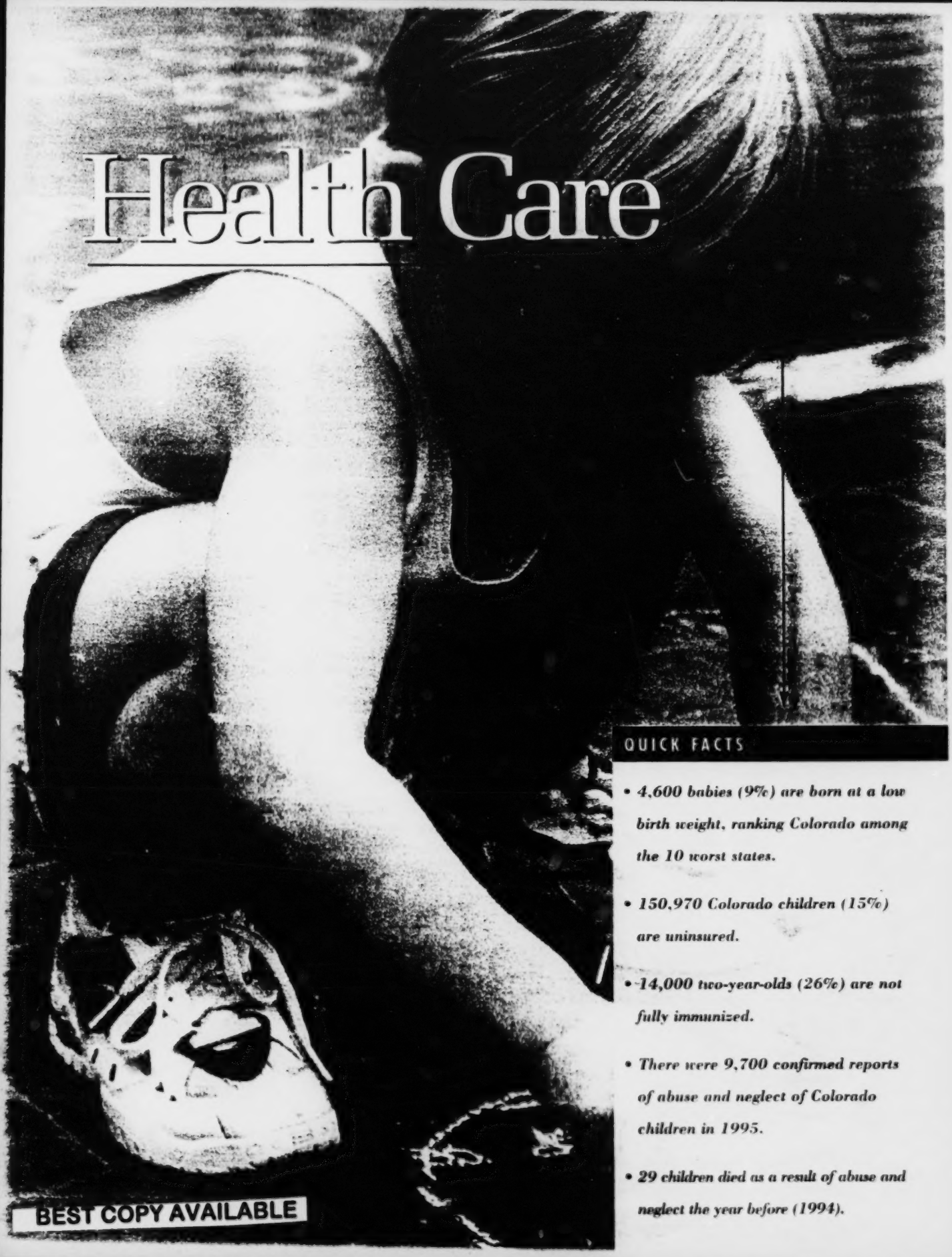
Fact: Non-Hispanic Whites are the most numerous racial and ethnic group in the poverty population. Poverty rates are higher among Blacks and Hispanics than among other ethnic groups, but they do not make up the majority of the poor.

Myth: Government intervention perpetuates poverty.

Fact: Government intervention can reduce poverty when there is broad public support for the initiative. The nation made a commitment to end poverty among those age 65 or older through the creation of the Social Security and Medicare programs. Since the inception of these programs, the elderly poor population has declined from 29% in 1966 to 11% in 1995. Over nearly the same period, AFDC payments declined by almost 50% after adjusting for inflation. The child poverty rate has grown from 18% in 1966 to 21% in 1995 (Figure 7).

Taken from A New Look at Poverty in America, *Population Reference Bureau, 1996.*

Health Care



QUICK FACTS

- *4,600 babies (9%) are born at a low birth weight, ranking Colorado among the 10 worst states.*
- *150,970 Colorado children (15%) are uninsured.*
- *14,000 two-year-olds (26%) are not fully immunized.*
- *There were 9,700 confirmed reports of abuse and neglect of Colorado children in 1995.*
- *29 children died as a result of abuse and neglect the year before (1994).*

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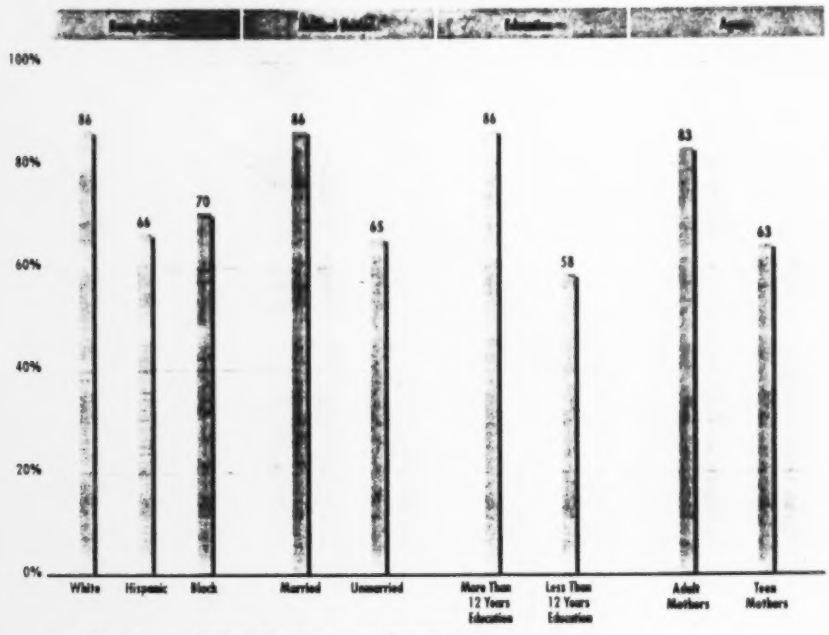
Figure 1
Access to Early Prenatal Care Depends on Maternal Characteristics, Colorado: 1994



Source: Colorado Department of Public Health and Environment, Health Statistics Section
Note: Percent of births receiving prenatal care in the first trimester of pregnancy

THE CHALLENGE

Childhood illness, accidents, injuries, and deaths can be prevented. Preventive care ensures both quality of life and containment of costs — by keeping an earache from developing into hearing loss, a healthy three-year-old from contracting measles, a car accident from resulting in death, or a parent from repeating a family cycle of violence.

THE OPPORTUNITY

School-based health centers, prenatal clinics, and immunization drives have all been proven to improve the health of children. Seat belt use and public awareness campaigns lower motor vehicle death rates, bike helmets reduce brain injuries, and parent training and support can break the cycle of family violence. Child illness, injury, and death rates could be improved significantly through a wide array of prevention strategies.

COLORADO CHILDREN'S CAMPAIGN'S
Small Steps for Children

- Passage of the Infant Immunization Act which allows Colorado to purchase twice as much vaccine at no extra cost (1989).
- Creation and expansion of the Child Health Plan to provide primary health care to young Colorado children (1990-1996).
- Authorization of Follow-Up Infant Screenings within 10 days of birth to detect any disease or health disorder that may not have been evident at initial screening (1996).
- Guarantee of coverage for 48-hour hospital stays for newborns and their mothers through an agreement with all major Colorado health insurance companies (1996).

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INFANT HEALTH

Little Improvement in Prenatal Care

Women who receive a full course of prenatal care stand a better chance of delivering healthy, normal weight babies and are more likely to get preventive care for their infants such as immunizations and well-baby care.[56]

- 10,200 Colorado babies (19%) are born to women who do not receive a full course of prenatal care each year, putting them at significant risk at key points of their development.[57]
- Teen, unmarried, and Black and Hispanic females are less likely to receive early prenatal care (Figure 1).

Increasing Percent of Low Weight Births

Colorado has one of the worst low birth weight rates in the nation (Map 1). The causes are unclear, but the culprit may be an interaction of high altitude and risk behaviors during pregnancy such as smoking, alcohol use, or poor nutrition.[58]

- The percent of low weight births in Colorado has exceeded the national average since 1950.
- The 1994 rate of 8.6% was the highest the state had seen since 1976.[59]

Colorado had the worst low birth weight rate for children of White women and the 10th-worst low birth weight rate overall in the nation in 1993.[60]

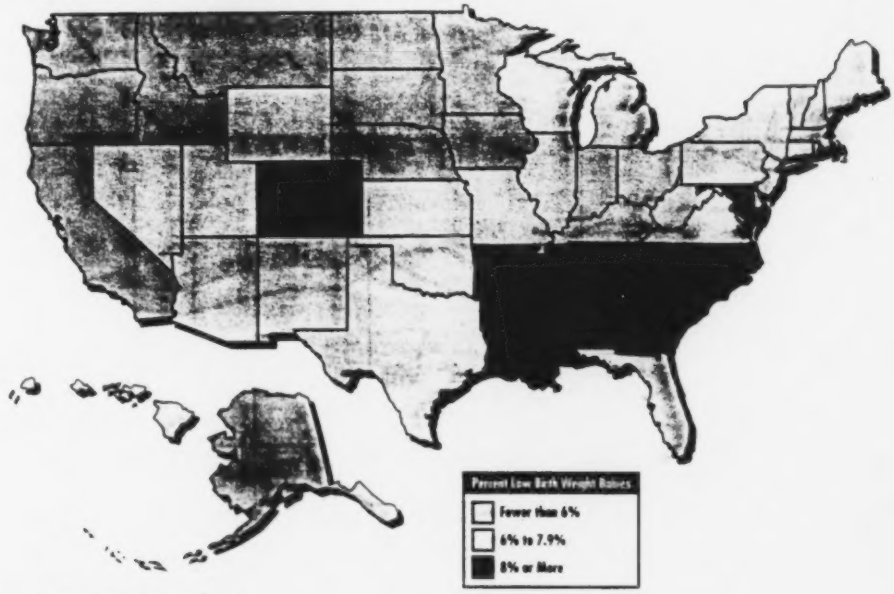
Nationally, 25% of all working parents and 60% of poor working parents have no sick leave. Only half of single parents have sick leave.[61]

When used correctly, child car seats are:

- *71% effective in preventing fatalities;*
- *67% effective in reducing the need for hospitalization;*
- *50% effective in preventing minor injuries.[62]*

Twenty-one percent of Colorado high school students report rarely or never wearing a seat belt.[63]

Map 1
Colorado Has the Highest Low Birth Weight Rate in the West, U.S.: 1991



Source: Centers for Disease Control, 1991
Note: Percent of live births under 2500 grams (5.5 pounds)

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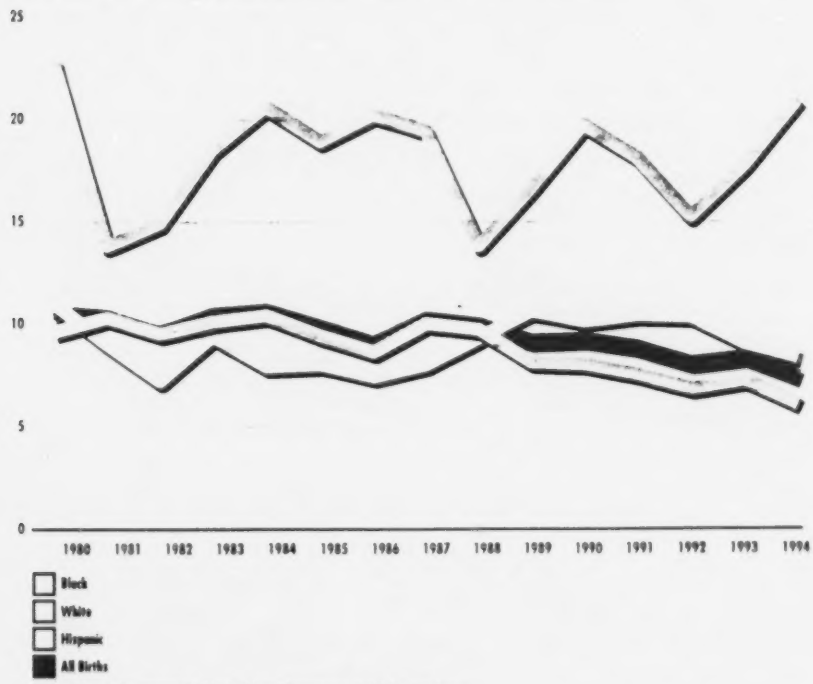
Figure 2
Infant Mortality Rate Meets Decade of the Child Goal, Colorado: 1940-1994

Source: Colorado Department of Public Health and Environment, Health Statistics Section
Rate: Infant deaths per 1,000 live births

Figure 3
Black Infant Mortality Rate Is Higher Than All Other Racial and Ethnic Groups, Colorado: 1980-1994



Source: Colorado Department of Public Health and Environment, Health Statistics Section
Rate: Infant deaths per 1,000 live births

Infant Mortality

Colorado is beginning to win the battle against infant mortality; the 1994 rate of 6.9 deaths per 1,000 live births represents a record low. This low rate also means that Colorado has met its first Decade of the Child Goal (Figure 2).

- Much of the total decline in infant mortality is due to a 37% reduction in Sudden Infant Death Syndrome deaths from 1993 to 1994.[xi] State health officials credit the reduction to comprehensive statewide efforts to encourage putting babies to bed on their backs or sides.[xi]
- The decline in infant mortality holds true for all racial and ethnic groups except Black children, who have three times the infant mortality rate of the total population (Figure 3).

PREVENTIVE CARE FOR ALL CHILDREN

Health Insurance

National studies show that uninsured children are less likely to receive early, preventive health care or immunizations and are more likely to be hospitalized for preventable conditions (Figure 4).

- 15% of Colorado children do not have health insurance.[xii]
- Of those children who are currently uninsured, 17% do not have a regular source of health care. In comparison, only 3% of insured[xiii] children do not have a regular source of care.
- Nearly one-third of the uninsured children in Colorado come from middle-income families.
- 91% of uninsured children have at least one parent who works.[xiv]

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Immunization

After years of hard work through initiatives such as the Colorado Immunization Action Plan and by groups such as the Colorado Children's Immunization Coalition, more Colorado two-year-olds are immunized on time than ever before. In addition to preventing disease, immunization provides an important indicator of timely, regular health care for children.

- 26% of Colorado children are not fully immunized by their second birthday, ranking Colorado 28th in the nation.[6]

Mental Health

Significant gaps exist in services for children with mental health needs in Colorado. A recent study of Colorado's mental health system found that three-quarters of Colorado children diagnosed with emotional disorders were already being served by another agency such as child welfare or juvenile justice **before** receiving mental health treatment, their primary need.

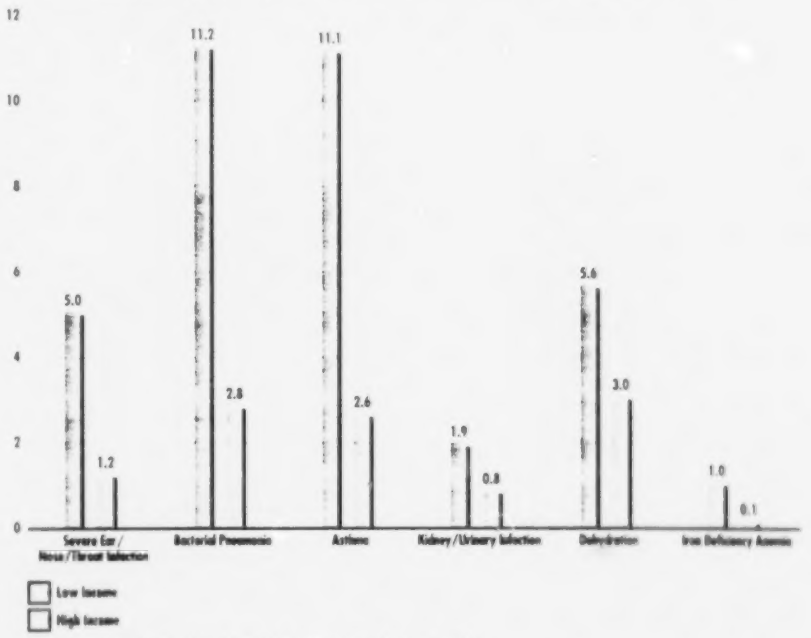
- More than 71,500 Colorado children (11%) under age 12 are estimated to have severe emotional disturbances that require mental health services.
- More than 60% of parents report that their child's problems began before his or her sixth birthday.
- 20% of parents indicate they had noticed a problem before their child's first birthday. Despite this, mental health services are typically not sought until children are older.[7]

DID YOU KNOW?

A survey of 400 registered Colorado voters in 1994 found that 19% were aware of an incident of child abuse in their neighborhood or local community.[7]

Home visitation is considered the most effective strategy to prevent child abuse and neglect, according to the U.S. Advisory Board on Child Abuse and Neglect.[7]

Figure 4
Poor Children Are More Likely to Be Hospitalized for Preventable Illness, Children Under Age 5, United States



Source: *Access to Health Care*. Codman Research Group, Center for Health Economics, 1993
Note: Hospitalizations per 1,000 children

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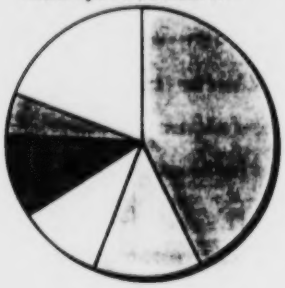
Figure 5
Accidents Cause the Majority of Child Deaths. Children Ages 1-19, Colorado: 1994



Accidents, 43%
Suicide, 13%
Homicide, 10%
Disease, 10%
Birth Defects, 5%
All Other Causes, 19%

Source: Colorado Department of Public Health and Environment, Health Statistics Section

Figure 6
Adolescents Have Highest Rate of Accidental Death. Colorado: 1994

Source: Colorado Department of Public Health and Environment, Health Statistics Section
Rate: Per 100,000 children in each age group

Rural Needs

Children growing up in rural Colorado often have poorer health than children along the Front Range.

- Most low-income rural families must drive more than a half hour to find a health care provider who accepts children with Medicaid coverage or children who are uninsured.[7]
- Pregnant women in rural areas are 20% more likely to receive late or no prenatal care.[8]

> *"Although the state is currently experiencing strong economic and population growth, the social and health problems confronting youth are worsening. The poor and the young are the subsections of the population that experience the majority of poor health outcomes."*
>
> COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
> *Maternal and Child Health Block Grant Division*

Accidents

Accidents are the leading cause of death for Colorado children, ages one to 19. In fact, accidents accounted for nearly half of child deaths in 1994 (Figure 5).

- More Colorado children die each year from motor vehicle accidents (71%) than from any other cause of accident.[9]
- Older teenagers have the highest rate of unintentional injury death (Figure 6), due almost exclusively to car accidents. Infants have the next highest accidental death rate.
- 1995 was the worst year for child passenger deaths since Colorado's first child restraint law took effect in 1984. Nearly 90% of children killed were unrestrained at the time of the accident.[10]

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ABUSE AND NEGLECT

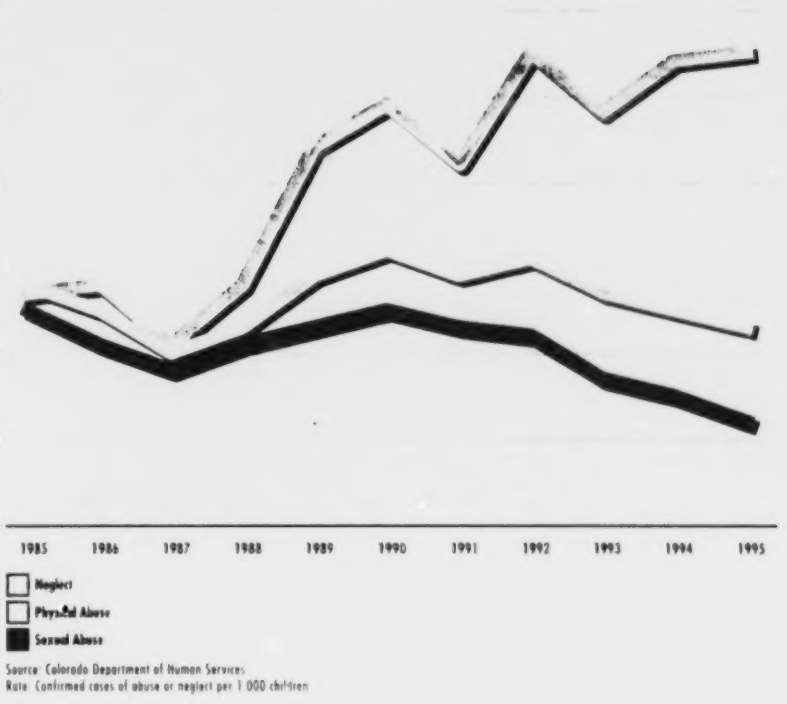
There were 9,745 confirmed reports of child abuse and neglect in Colorado in 1995. Twenty-nine children died from abuse or neglect the year before (1994).[1]

- Confirmed reports of child neglect have doubled over the past decade (Figure 7).
- Of the 29 Colorado children who died as a result of abuse or neglect in 1994, 90% were under the age of five and 43% were younger than one year old.[2]

"Colorado has one of the strongest laws for child passenger safety in the nation, requiring all children to be properly restrained in child car seats and seat belts in the front and back seats every trip."

COLORADO DEPARTMENT OF TRANSPORTATION

Figure 7
Rate of Confirmed Child Neglect Cases Rose over the Past Decade, Colorado: 1985-1995



Source: Colorado Department of Human Services
Rate: Confirmed cases of abuse or neglect per 1,000 children

A CASE FOR PREVENTION AND EARLY INTERVENTION

Patrick was born on December 28, 1990 to Elaine, a 19-year-old woman. Elaine and Patrick lived in a studio apartment near the school where Elaine attended a job-training program. Elaine was no longer in contact with Patrick's father and had no family to turn to when she felt overwhelmed caring for Patrick. Elaine had no experience caring for babies.

Patrick was admitted to the hospital on March 7, 1991 with a diagnosis of "sub-dural hemorrhage following injury." Elaine said that she had gotten so frustrated with Patrick's crying that she shook him to make him stop. She did not know it would hurt him. Patrick was discharged to Elaine's care on April 2, 1991. **Hospital Costs at Discharge: $56,783**

Patrick was again admitted to the hospital on April 9, 1992 for "latent effect of brain injury." He was discharged one week later on April 16, 1992 to a foster home. **Hospital Costs at Discharge: $14,060**

One year later Patrick was still in foster care. He suffered from severe cerebral palsy, blindness, and developmental delays. He had not yet begun to attend special education classes. **Foster Care Costs: $5,200**

PUBLIC FUNDS SPENT DURING PATRICK'S FIRST 28 MONTHS OF LIFE: $76,043

If Elaine Had Been Part of an Intensive Home Visitation Program:
An intensive home visitation program would have involved weekly visits with Elaine from before Patrick's birth through his infancy, providing her with information about child development and child care. These services would have cost less than $2,000 per year. Had such a home visitation program been in place, the government might have saved more than $72,000 in Patrick's first 28 months of life. The value of such a program to Elaine and Patrick's future is incalculable.

Taken from Child Maltreatment in Colorado: The Value of Prevention and the Cost of Failure to Prevent. *Colorado Children's Trust Fund, 1995.*

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CREATING OPPORTUNITIES

COLORADO CHILD HEALTH PLAN

The Colorado Child Health Plan was launched in 1990 to provide primary health care to low-income children under the age of 13 in rural Colorado. Today, any family earning less than 185% of the federal poverty line (about $28,860 for a family of four) and not eligible for Medicaid can enroll its children in the program for a minimal annual fee. The Child Health Plan currently serves 3,300 children in 53 counties at an average cost of $350 per child per year. By 1998, the Child Health Plan hopes to serve 12,000 Colorado children. It is estimated that 53,000 children statewide are income-eligible for the plan.[7]

A recent survey of families with children enrolled in the Child Health Plan suggests that the program is succeeding in bridging gaps in Colorado's health care system by demonstrating a:

- 50% reduction in emergency room visits;
- 96% improvement in parents' ability to find and use preventive health care for their children;
- 93% parent satisfaction with the Child Health Plan's ability to provide health care for their children.

Before enrolling in the plan, 35% of families had never had insurance for their children and 54% had had only sporadic coverage. When questioned about what they will do when their children reach the age of 13 and no longer qualify for the program:

- 35% said they hoped that their employer will offer coverage;
- 31% didn't know what they will do;
- 14% will pay privately out of pocket;
- 14% will go without health care;
- 6% hoped that health care will be affordable by then.[8]

SCHOOL-BASED HEALTH CENTERS

Many of the health problems among Colorado youth — alcohol and drug abuse, sexually transmitted disease, eating disorders, and suicide — are the result of risk-taking behavior rather than illness. Teenagers are also less likely to seek out health care on their own. Colorado's 28 School-Based Health Centers (SBHCs) have proven to be an effective strategy for reaching and providing health care to Colorado adolescents. SBHCs reported 26,000 visits during the 1994-1995 school year for a wide range of physical and emotional problems.[9]

School-Based Health Centers are successful on many fronts:

Promoting Preventive Health Care

- Students in schools with SBHCs have more visits for health supervision, mental health counseling, and more screening and counseling for high-risk behaviors.
- Students using SBHCs have fewer visits for emergency and after-hours care.

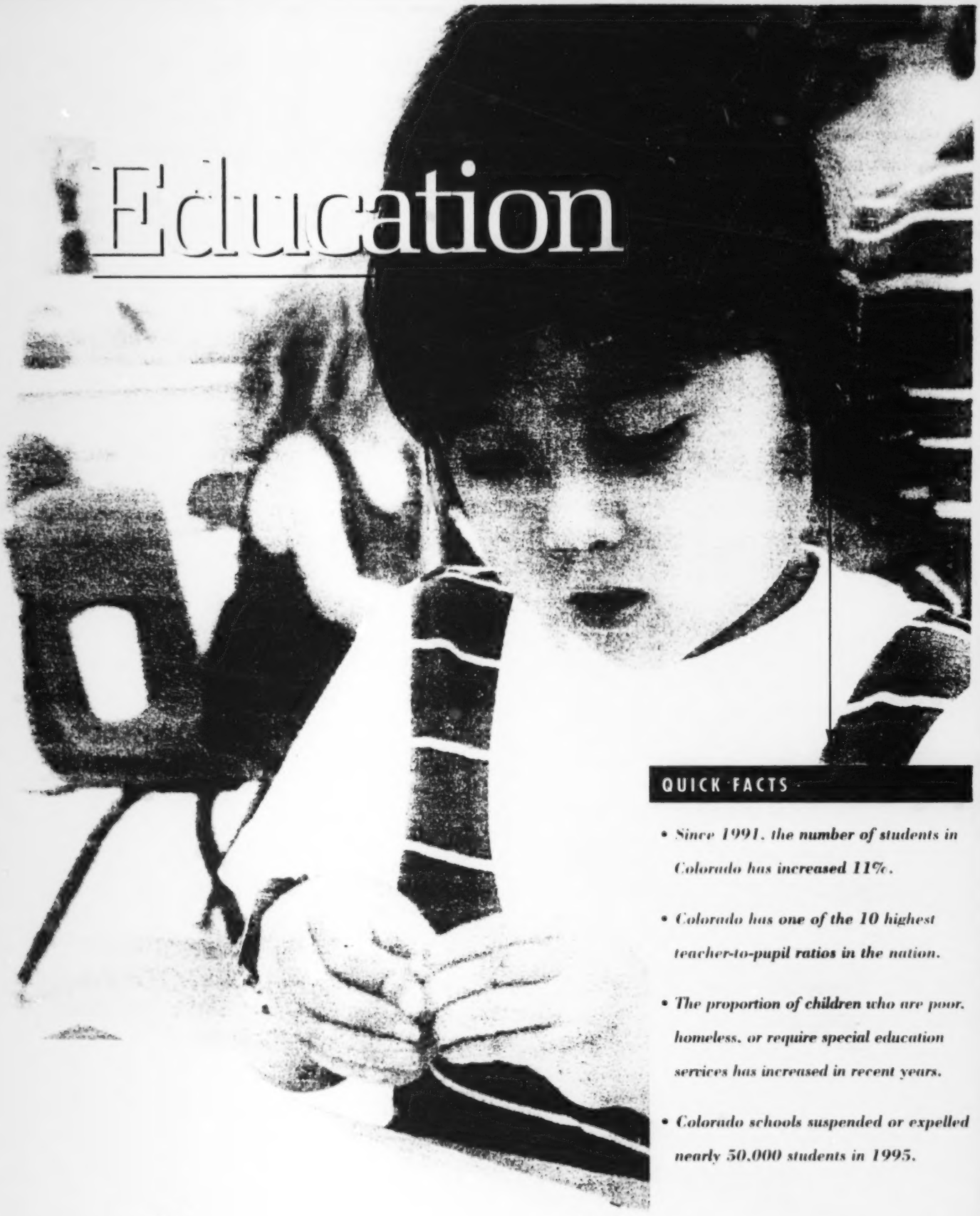
Enhancing School Success

- Colorado schools with SBHCs report improved student attendance since they began providing services.
- Nationally, students who use SBHCs are more likely than nonusers to stay in school, reduce risk behaviors, advance to the next grade, and graduate.

Cost Effectiveness

- Diagnosis and treatment of strep throat costs $43 in a Colorado SBHC compared with $99 in the average physician's office.
- Comprehensive primary medical and mental health care and substance abuse counseling can be provided for about $100 per year per Colorado student enrolled in school.[10]

Education



QUICK FACTS

- *Since 1991, the number of students in Colorado has increased 11%.*
- *Colorado has one of the 10 highest teacher-to-pupil ratios in the nation.*
- *The proportion of children who are poor, homeless, or require special education services has increased in recent years.*
- *Colorado schools suspended or expelled nearly 50,000 students in 1995.*

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DID YOU KNOW?

The number of homeless school children increased 65% in just one year — from 2,300 in 1994 to 3,800 in 1995.[83]

High school students in Japan, France, and Germany spend more than twice as many hours studying math, history, and science as U.S. students do.[84]

About one-quarter of Colorado high school students will drop out before they graduate. The average high school dropout costs society an estimated $563,000 over his or her lifetime in public subsidies and income supports.[85]

Average annual earnings of a high school dropout: $14,670
Average annual earnings of a high school graduate: $24,110[86]

Roughly half of U.S. prisoners are high school dropouts.[87]

"Education and work are the levers to uplift a people. Work alone will not do it unless inspired by the right ideals and guided by intelligence. Education must not simply teach work — it must teach Life."

W.E.B. DUBOIS, 1903

THE CHALLENGE

Colorado's high school dropout rate continues to increase. The Hispanic dropout rate is at its highest point in 10 years. The state's graduation rate has remained around 80% for the past seven years, with a marked decrease since 1993. Compared to past years, Colorado schools have more poor children, homeless children, and children whose problems outside of school affect the classroom, their learning, and the learning of other children. Colorado school districts have had trouble keeping pace with these problems, in part because there is a lack of public consensus about the direction of public education. Further, high-quality education is expensive, and the public has been unwilling to pay the cost.

THE OPPORTUNITY

Colorado is on the cutting edge of school reform. With the advent of standards-based education and charter schools, Colorado now has more varied opportunities to educate its students than ever before. By allowing schools to experiment with ways to improve the learning environment in every classroom, involve parents and other adults in the community, and take advantage of the business community's leadership in school-to-work programs, Colorado will greatly improve the education of its children. The state must also continue to build its commitment to early childhood education so that learning difficulties are prevented and children at a young age are prepared for and have the expectation of success in school.

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COLORADO CHILDREN'S CAMPAIGN'S
Small Steps for Children

- Creation and expansion of the Colorado Preschool Program, an enriched preschool program for children at risk of school failure (1989-1996).
- Creation of Charter Schools to allow parents, teachers, administrators, and community members to design schools to fit local needs (1993).

SWELLING ENROLLMENT

Since 1990, Colorado has experienced the second-highest population growth in the nation. From 1990 to 1995, Colorado grew by 450,000 people. While most of the growth has taken place along the Front Range, schools across the state have seen enrollments rise.

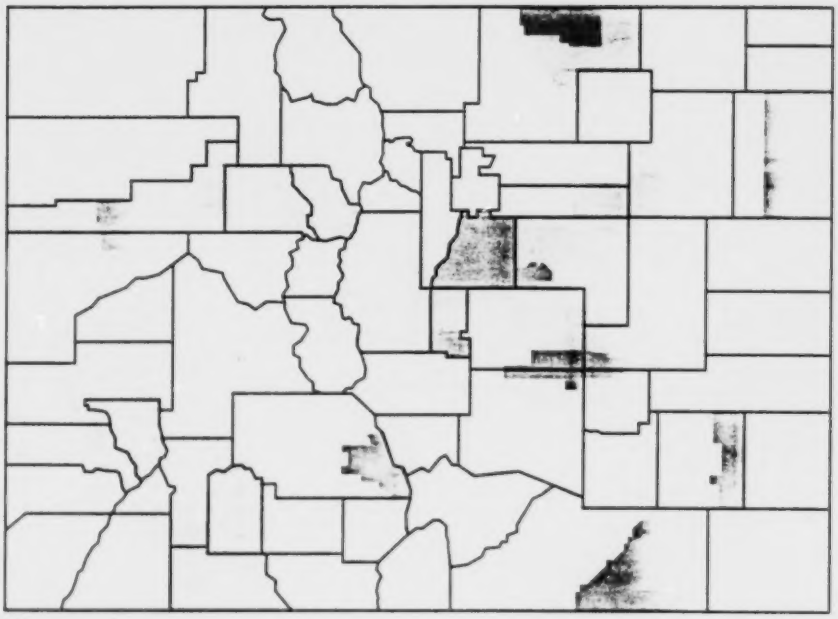
- Colorado school enrollment has grown by 11% in the last five years. Map 1 shows dramatic increases statewide.
- Teacher employment increased by only 7% during the same time period.[8]

POPULATION OF INCREASING CHALLENGES

In addition to educating more students than ever before, Colorado public schools are serving more students with greater academic, behavioral, and emotional challenges.

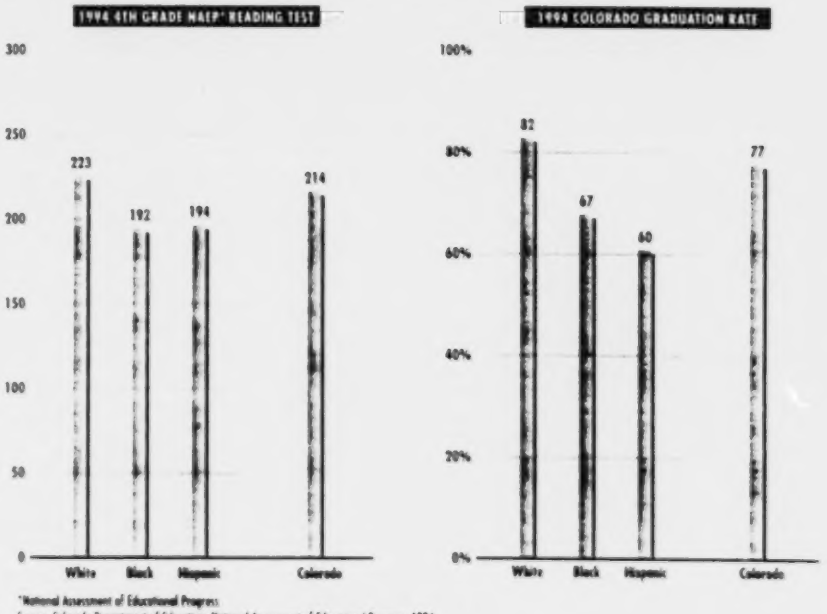
- From 1980 to 1990, the proportion of school-aged children who are poor increased 31% statewide and 34% in rural areas.[9]
- From 1984 to 1994, the number of students requiring special education increased 49%.[10]
- Figure 1 shows that Black and Hispanic students continue to score lower than White students on tests of academic achievement and are less likely to graduate.

Map 1
Student Enrollment Has Grown More Than 25% in Many Districts, Colorado: 1991-1995



Source: Colorado Department of Education

Figure 1
Students of Minority Race and Ethnicity Lag behind in Academic Achievement, Colorado: 1994



*National Assessment of Educational Progress
Source: Colorado Department of Education, National Assessment of Educational Progress, 1994

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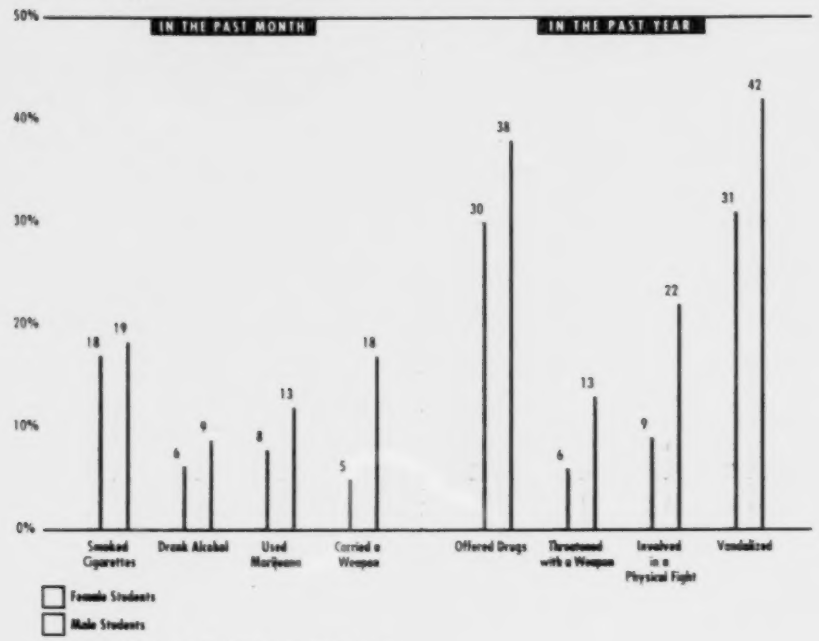
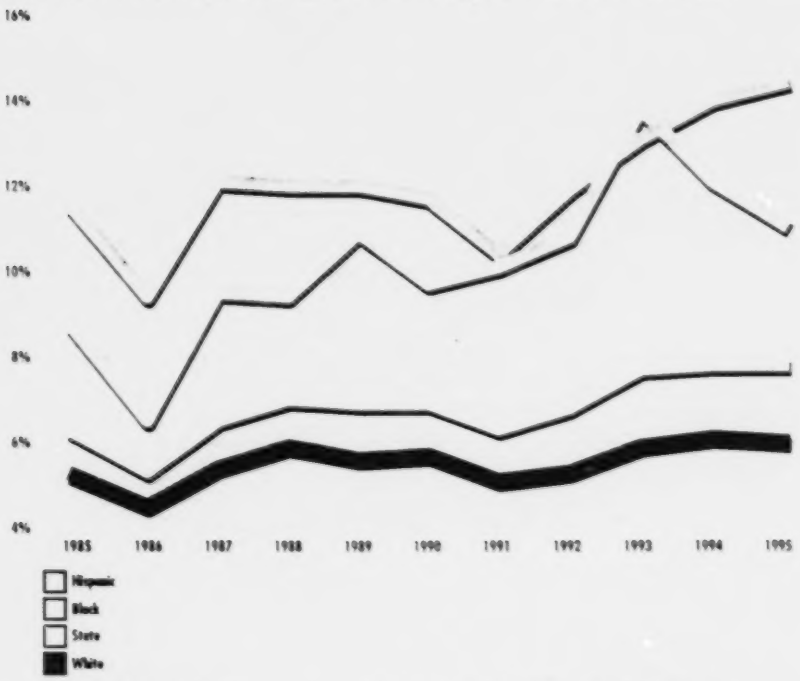
Figure 2
Many Students Engage in High-Risk Behavior on School Property, Colorado: 1995



Source: Youth Risk Behavior Survey, Colorado Department of Education
Note: Denver Public Schools are not included in this sample

Figure 3
Hispanic and Black Student Dropout Rates Remain Far Above State Average, Grades 10-12, Colorado: 1985-1995



Source: Colorado Department of Education

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- 50,800 Colorado school-age children (8%) live in homes where English is not the predominant language spoken. 7,500 (1%) come to school unable to speak English well or at all.[11]

OVERBURDENED SCHOOLS

Rates of disruptive behavior, school violence, and dropouts have increased.

- In a 1991 survey of Colorado teachers, nearly one-third reported verbal abuse of teachers, theft, and vandalism as moderate or serious problems in their schools.[12]
- A significant proportion of Colorado students report carrying weapons to school, being threatened with a weapon, being offered drugs on school property, vandalizing school property, or being involved in a physical fight at school in the last month or year (Figure 2).
- 48,700 students (8%) generated 70,000 suspensions or expulsions during the 1994-1995 school year. Detrimental behavior, possession of a deadly weapon, and drug use were the most common reasons for expulsion.
- Nearly half of the Black males in Colorado middle and high schools were suspended at least once last year, along with one in three Hispanic males and one in six White males.
- There has been a 26% rise in the state dropout rate in the past decade, from 6% in 1985 to 8% in 1995. Dropout rates are higher for Hispanic students (Figure 3), students in 10th and 11th grades, and for males.[13]

The Colorado General Assembly voted in 1993 to mandate expulsion for any student possessing a deadly weapon, selling a drug or controlled substance, or committing robbery, assault, or any other criminal act. The legislature also allowed expulsion or suspension for continued disobedience, vandalism, or disruptive behavior. These policies are designed to improve the overall school environment and may make it easier for other students to learn. As for those students expelled, early trends suggest that many soon resurface in the juvenile justice system. According to a 1995 study of youth committed to the Division of Youth Corrections:

- 92% of juvenile criminals had been suspended from school prior to their arrests;
- 50% of juvenile criminals had been expelled from school prior to their arrests.

Based on these findings, it is estimated that 20% of all expelled students are committed to the Division of Youth Corrections within a year of their expulsion. The study also found that, of those students expelled from school who later commit a crime, a significant percent exhibited warning signs prior to expulsion:

- 81% had trouble in middle school;
- 70% had a previous suspension;
- 63% received poorer than usual grades prior to the expulsion;
- 57% were truant in the year prior to the expulsion;
- 56% had trouble in elementary school;
- 54% changed schools several times;
- 43% reported being arrested or warned by the police;
- 31% had trouble at home.[4]

One solution:

A 1996 study by the RAND Corporation estimated that using cash incentives to induce troubled California youth to graduate from high school prevented an average of five serious crimes per youth and saved the State of California $258 million dollars in crimes averted. The intervention program in California cost $3,130 per youth per year, compared to an annual cost of $57,382 to keep a juvenile incarcerated in a Colorado youth facility.[5]

"Schools haven't changed much in the past 30 years...What has changed — dramatically — is students' lives outside of school. As a result, today's schools and teachers face students who come to school less interested, less motivated, and less engaged in the business of learning."

L. STEINBERG
Beyond the Classroom

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CREATING OPPORTUNITIES

In spite of the difficulties many schools are facing, Colorado is making significant gains in some areas. Adoption of standards-based education, the creation of charter schools, and the development of a number of local programs have made the state a national leader in school reform.

ON THE CUTTING EDGE OF SCHOOL REFORM

Standards-Based Education

In 1993, the Colorado General Assembly put into place standards-based education, a comprehensive reform strategy to improve the academic performance of Colorado students. State model content standards have recently been written and adopted by the Colorado State Board of Education in six subject areas: math, science, geography, history, reading, and writing. These standards describe what each student will be expected to learn throughout his or her school career. By January 1997, local school districts must adopt their own standards that meet or exceed the State model.

Charter Schools

In 1993, the Colorado General Assembly also authorized the creation of charter schools. These schools are publicly funded but legally autonomous from the local school district. They are typically designed by a consortium of teachers, administrators, parents, and community members. As of the 1995-1996 school year, Colorado had more students per capita in charter schools than any other state except Arizona. Almost 7,000 students are currently enrolled in 32 charter schools across the state. The average charter school now has a waiting list of 200 students.[8]

SUCCESSFUL PROGRAMS FOR AT-RISK STUDENTS

The Colorado Preschool Program

The Colorado Preschool Program (CPP) is one step toward improving early childhood opportunities for Colorado children. The CPP is a half-day, enriched preschool program that serves at-risk four-year-olds. Children selected for the CPP program face language barriers, such as coming from a non-English-speaking home, that significantly delay their academic, social, and emotional development.

On average, children enrolled in the nine-month CPP program gain 16 months in language skills development. When evaluated later, students who had completed CPP programs in Boulder and Windsor, Colorado were rated as in the top half of their kindergarten classes, as having parents who were more involved in their child's school, and as performing at or above grade level in reading and math through at least third grade.[9]

Putting School First

Over the last year, the Denver Police Department and local business merchants teamed with Abraham Lincoln High School in Denver to reduce truancy through a program called Putting School First. Before the program's introduction, Lincoln High School reported that 50% of students missed one or more classes every day, 67% of students had failed at least one class, and 51% of students failed to graduate. Local businesses also complained of recurrent graffiti, disruptive behavior, and vandalism by the students.

The Putting School First program persuaded local restaurants not to serve anyone under 18 during school hours, except during lunch. The program also instituted in-school detention instead of suspension for truancy and held a weekly lottery to award students who were present during class. At the end of just one year, graduation rates went up for the first time in seven years and attendance improved. Crime in the area of the high school decreased by 24% and local businesses reported substantial profit increases due to a significant reduction in crime.[10]

Adolescents at Risk

QUICK FACTS

- *32,500 Colorado young adolescents (15%) ages 11 to 14 will spend most of their after-school hours home alone this year.*
- *The rate of homicide committed by Colorado youth nearly tripled between 1988 and 1991.*
- *30% of teen deaths in 1994 were due to violence (homicide or suicide).*
- *Colorado's adolescent suicide rate nearly doubled between 1970 and 1990.*

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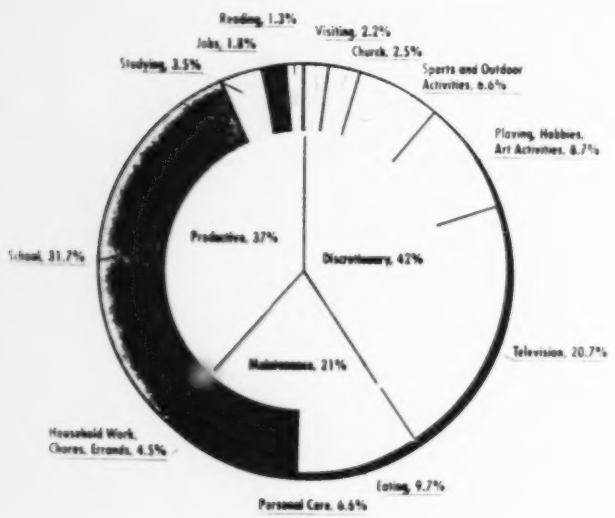
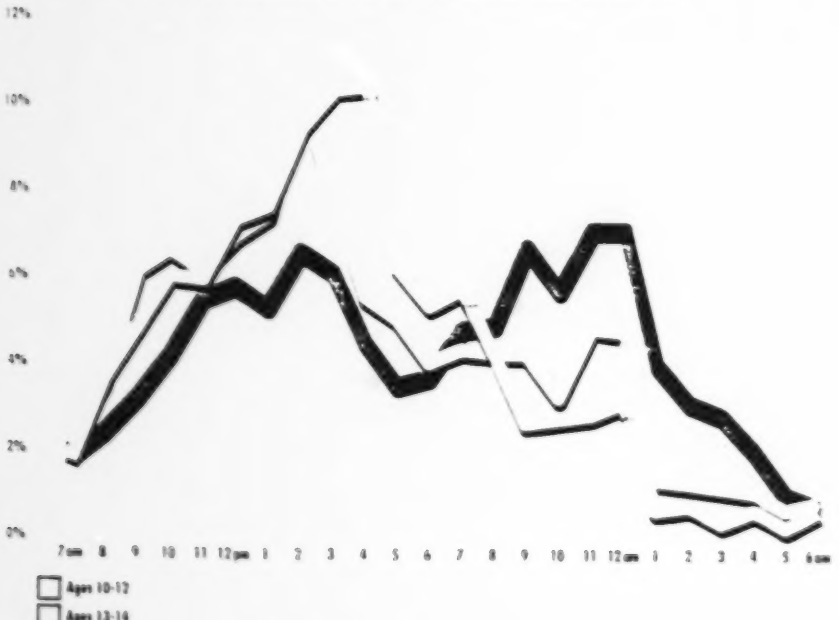
Figure 1
Many of a Young Adolescent's Waking Hours Are Discretionary, Ages 9-14, United States



Source: Timmer, S.G., Eccles, J.E., and O'Brien, K. "How Children Use Time," 1985.
Note: This chart represents 70% of hours during a week. Young adolescents spend 37% sleeping and 11% in miscellaneous activities.

Figure 2
Percent of Juvenile Arrests Peak as the School Day Ends for Younger Teens, Denver, September - May 1995



Source: City and County of Denver Department of Safety.
Note: Percent of arrests by time of day.

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THE CHALLENGE

Over the past three decades, America's mothers have entered the workforce in large numbers, many out of economic necessity. Increasingly, children come home from school to an empty house, hours of television, and largely unsupervised activities. While approximately the same percentage of youth is committing violent acts today as 20 years ago, today the violence is much deadlier, due almost entirely to the increased use of firearms." Colorado youth are more frequently the victims of violence today than in the past.

"You have brains in your head, you have feet in your shoes. You can steer yourself any direction you choose."

DR. SEUSS
Oh The Places You'll Go

THE OPPORTUNITY

Research has clarified what some of the opportunities are for reducing youth crime and violence and improving the prospects of Colorado youth. After-school programs that focus on students' academic skills as well as recreational and cultural interests provide youth with an alternative to high-risk behavior. Mentoring programs, graduation incentives, and high parent and community expectations all have been proven to encourage youth to use out-of-school hours as a time for studying and positive exploration and growth. Colorado has an opportunity to make such programs available to more youth and increase the likelihood that each adolescent will successfully make the sometimes difficult transition to adulthood.

COLORADO CHILDREN'S CAMPAIGN'S
Small Steps for Children

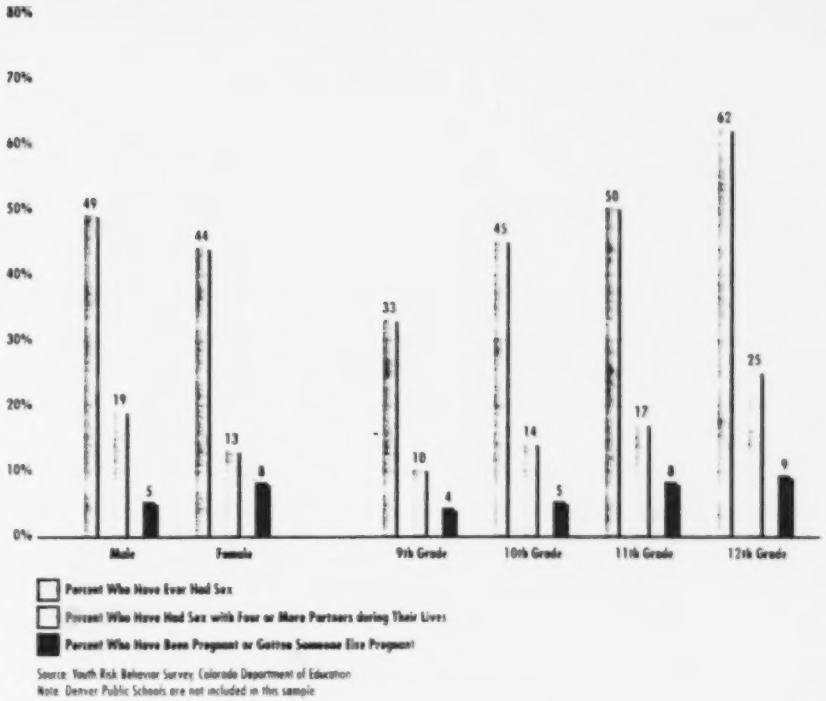
- Creation and expansion of the Youth Crime Prevention and Intervention Fund to direct $14.2 million into academic, recreational, cultural, mentoring, teen pregnancy prevention, and violent crime reduction programs in local communities (1994-1996).

RISK BEHAVIOR DURING OUT-OF-SCHOOL HOURS

An estimated 32,500 Colorado young adolescents (15%) ages 11 to 14 will spend some or all of their after-school hours home alone this year.[18] Youth who are unsupervised are 57% more likely to drop out of school, 49% more likely to use drugs, and 27% more likely to be arrested. They are also significantly more likely to initiate sex at an early age.[19]

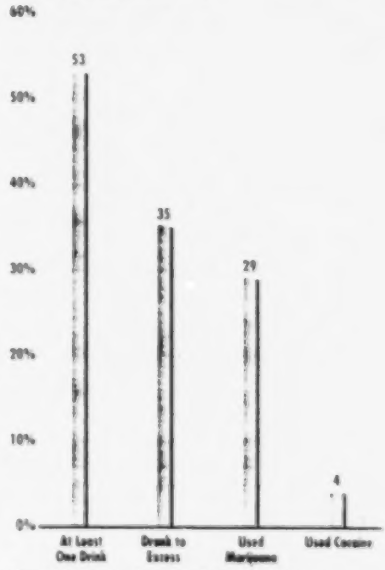
- Young adolescents spend only 58% of their waking hours in productive activities such as school. Of the remaining 42%, youth spend half this time watching television (Figure 1).
- Juvenile arrests in Denver County peak at 2:00 p.m. to 3:00 p.m. when the school day ends for all ages and again around midnight for older teens (Figure 2), according to Denver Police Department records during the 1995 school year.
- Nearly half of Colorado high school students report having had sex at least once and 8% of high school girls report being pregnant at least once (Figure 3).
- Nearly half of Colorado high school students report using marijuana, with 29% using within the past month (Figure 4).

Figure 3
Many Students Report Having Sex, 9th-12th Grade, Colorado: 1995



Source: Youth Risk Behavior Survey, Colorado Department of Education
Note: Denver Public Schools are not included in this sample

Figure 4
Many Students Report Using Drugs in the Past Month, 9th-12th Grade, Colorado: 1995



Source: Youth Risk Behavior Survey, Colorado Department of Education
Note: Denver Public Schools are not included in this sample

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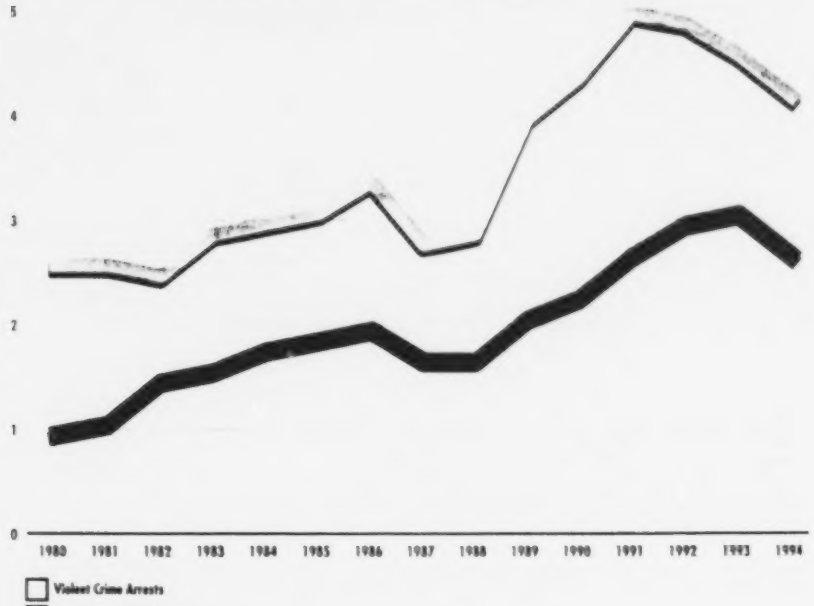
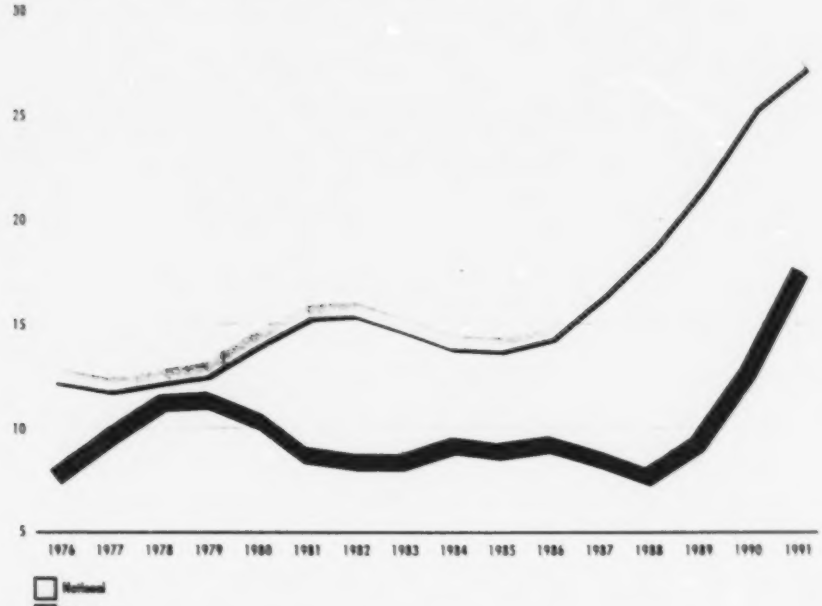
Figure 5
Juvenile Arrests for Violent Crime and Weapons Possession Have Increased, Colorado: 1980-1994



Source: Colorado Bureau of Investigation
Rate: Per 1,000 youth ages 10-17

Figure 6
Youth Are Committing Homicide in Record Numbers, Colorado and U.S.: 1976-1991



Source: Uniform Crime Report, Supplemental Homicide Report
Rate: Per 100,000

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- Illegal drug use among American 12- to 17-year-olds doubled from 1992 to 1995 and is now at its highest rate since 1985.[47]

VIOLENT AND VICTIMIZED YOUTH

Youth are most likely to become violent between the ages of 15 to 17. Although nearly a quarter of all boys and 10% of all girls in this age group report committing at least one act of serious violence, most cease violent behavior by the age of 20.[48] Also, teenagers are increasingly likely to be victims of violent crime. One-quarter of American adolescents report being assaulted or abused in the previous year, a 27% increase from 1985 to 1991.[49]

- Although overall juvenile arrest rates have been declining in recent years, juvenile arrests for violent crime and weapons violations have been rising (Figure 5).
- 30% of Colorado teen deaths in 1994 resulted from violence (homicide or suicide).[45]
- 10% of Colorado high school students have been threatened or injured with a weapon at school sometime during the past year.[50]

Homicide

Colorado youth ages 15 to 19 were three times as likely to commit homicide in 1991 as they were in 1988, following national trends (Figure 6). The number of youth murdered has nearly doubled since 1990.[47]

- The increase in the youth homicide rate parallels the dramatic growth in handgun use, which has skyrocketed in Colorado in recent years.[18]

- Homicide was the leading cause of death for Black male teens, the second-leading cause of death for Hispanic male teens, and the fifth-leading cause of death for White male teens in 1994.[109]

Suicide

Suicide is the second-leading cause of death for Colorado youth between the ages of 15 to 19. Colorado's adolescent suicide rate nearly doubled between 1970-1990.

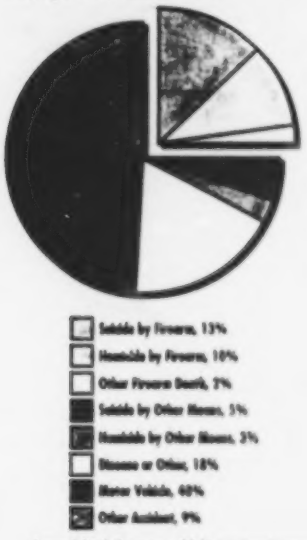
- 51 Colorado youth ages 10 to 19 killed themselves in 1994. Of these deaths, 67% involved firearms.[110]
- 30% of female high school students and 15% of male high school students in Colorado report "seriously considering attempting suicide" in the past year. One-third of those who considered suicide actually attempted it. The percentage of Colorado high school students who report considering suicide, however, fell by 26% from 1990 to 1995.[111]

The Link to Firearms

Firearms are used in most of the violent crimes and suicides committed by adolescents.[112]

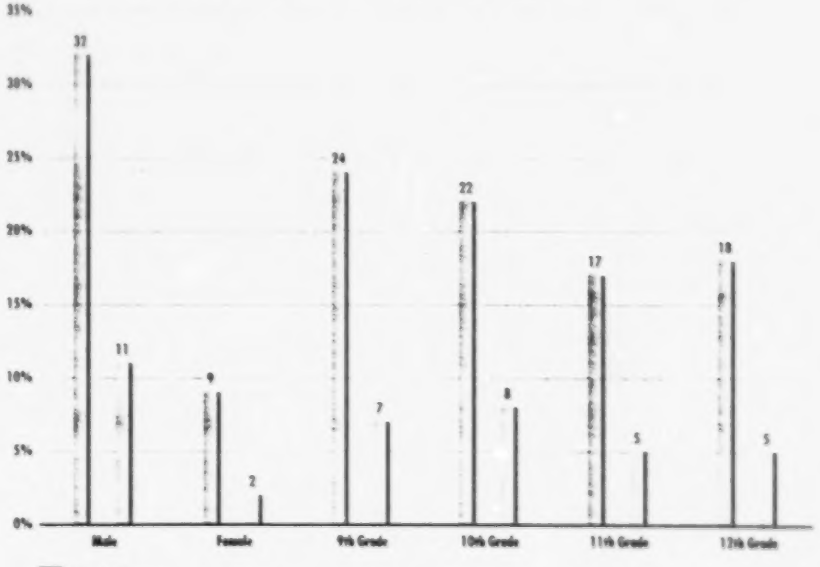
- Overall, the use of handguns in homicides has decreased over the past 20 years. Among youth, however, the rate has increased, particularly in the past six years.[113]
- Firearms were responsible for one-quarter of the deaths among 15- to 19-year-olds in 1994 (Figure 7).
- 32% of Colorado male students[114] reported carrying a weapon in the past 30 days, and 11% reported carrying a gun (Figure 8).

Figure 7
One-Quarter of All Teen Deaths Are Due to Firearms, Teens, Ages 15-19, Colorado: 1994


Suicide by Firearm, 13%
Homicide by Firearm, 10%
Other Firearm Death, 2%
Suicide by Other Means, 5%
Homicide by Other Means, 3%
Disease or Other, 18%
Motor Vehicle, 40%
Other Accident, 9%

Source: Colorado Department of Public Health and Environment, Health Statistics Section

Figure 8
Many Students Report Carrying a Weapon in the Past Month, 9th-12th Grade, Colorado: 1995



Source: Youth Risk Behavior Survey, Colorado Department of Education
Note: Denver Public Schools are not included in this sample

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DID YOU KNOW?

A 1993 survey of sixth-grade students in Ignacio, Colorado found that 15% go home to an empty house every day after school.[116]

Denver Public Schools report that for every student participating in voluntary after-school activities, there are at least four more students on a waiting list for that program.[117]

Thirty-six percent of American children reported in 1993 that their chores included making their own meals. Only 13% said the same in 1987.[118]

American teenagers spend an average of 35 minutes per week alone with their fathers and two hours and 20 minutes alone with their mothers. Most family time is spent eating or watching TV.[119]

The number of children admitted to Denver General Hospital for gunshot wounds doubled from 1990 to 1995.[120]

A study of juveniles arrested in Denver found that:

- *42% of males and 33% of females believe it is "okay to shoot someone who hurts you";*
- *18% of males and 14% of females believe it is "okay to shoot someone who disrespects you."*[121]

THE YOUTH CRIME PREVENTION AND INTERVENTION FUND

In response to the 1993 Summer of Violence, the Colorado General Assembly created the Youth Crime Prevention and Intervention (YCPI) fund. YCPI targets at-risk youth and their families by funding community-based programs that reduce crime and violent behavior. From 1994 to 1996, YCPI funded 225 programs benefitting 104,000 participants across the state. The programs are designed to reduce risk factors such as the availability of firearms in a community or academic failure in school, and to increase protective factors such as involving youth in community service or encouraging supportive relationships with parents and other responsible adults. Twenty percent of funding for 1997 has been allocated to prevention programs for young children in an attempt to address the roots of problem behavior.[15]

> *"Young adolescents are likely to lack two crucial prerequisites for their healthy growth and development: a close relationship with a dependable adult and the perception of meaningful opportunities in mainstream society."*
>
> CARNEGIE COUNCIL ON ADOLESCENT DEVELOPMENT

OTHER SUCCESSFUL COLORADO PROGRAMS DURING OUT-OF-SCHOOL HOURS

- The **Summer Scholars** program provides six weeks of summer literacy and enrichment classes for more than 700 Denver Public School elementary students at risk of school failure. For 1996

participants, the percentage of students reading below grade level fell from 78% to 59% and the percentage of students reading above grade level increased from 19% to 27%.[172]

- The **Boys and Girls Club East Side Center** in Pueblo began providing after-school and summer programs in drug prevention, leadership development, and job training in 1995. Five Pueblo teens died in gang-related violence in 1994. There were no teen deaths due to gang-related violence in 1995, credited in large part to the East Side Center.
- **Youth Biz** in Denver provides after-school jobs and job training for 140 inner-city teens who launched a teen-run T-shirt business generating more than $100,000 in sales across the country.
- **Mesa County Partners** provides mentoring for high-risk youth, supervises juvenile offenders doing community service, and offers parent training for families of troubled youth. Of the 600 youth enrolled in the program in 1995, only 5% were arrested again, and the group worked to pay $20,000 back to the community in restitution.[173]

TELEVISION FACTS

- Studies estimate that the typical American child views an average of five to eight hours of television every weekday, and that some inner city children view as much as 11 hours per day.[174]
- More than 98% of American families have a TV set, more than the percent who have indoor plumbing.[175]
- Upon graduating from high school, American teens will have spent 15,000 hours in front of the TV — more time than they have spent with their teachers, their parents, or even their friends.[176]
- Before finishing elementary school, the average American child will have seen 8,000 murders and 100,000 acts of violence on television.[177]
- The likelihood of obesity increases 2% for each hour of TV viewed per day.[178]

ASSETS AND DEFICITS

Jefferson County Schools tested its eighth- and tenth-grade students for "Assets and Deficits" in the spring of 1994 and found the following:

Assets

- 85% had a good conversation with a parent in the last month;
- 82% participate in at least one after-school activity;
- 35% of their parents help them with their school work;
- 29% of their parents attend school meetings or events.

Deficits

- 76% spend fewer than six hours per week on their homework;
- 69% spend two or more hours at home without an adult on an average school day;
- 37% watch three or more hours of television on an average school day;
- 27% have been in trouble with the police.

Students who have 20 or more assets (such as family support, a sense of purpose, and positive peer influences) are less likely to have problems with drinking, anti-social behavior, school failure, sexual activity, and depression. Only 10% of Jefferson County students had 20 or more assets.[179]

CREATING OPPORTUNITIES

BRAIN DEVELOPMENT AND VIOLENT BEHAVIOR

Violence is most certainly rooted in patterns of behavior learned through family, peers, and other influences such as community beliefs and the media. The latest research, however, suggests that one key to preventing violent behavior relies on the correct order of brain development — begun as early as three months of age.

A frustrated three-year-old will have trouble moderating his instinctual anger at not getting the ice cream he craves and throw a tantrum until he gets some. The 12-year-old may feel like throwing a tantrum at not being allowed dessert, but will be able to moderate his impulses with the knowledge that if he continues to behave well, he will be rewarded with ice cream later on.

- The only intelligence that we are born with is that which governs basic functioning (heart beating, lungs breathing) and survival reflexes (adrenaline increase when startled, muscle contraction when frightened). All others must be formed based on experience. In healthy development, these "primitive" instincts are eventually moderated by the "higher" areas of the brain which have learned how to use information gathering, past experience, and reasoning to make appropriate decisions.

An abused child learns to "shut herself off" so that she no longer feels the pain of the assault. It is difficult for her, however, to learn when to "turn herself back on" so that she can continue to take in new information and develop. Her survival instincts become so predominant from having to protect herself that they prevent any learning by "higher" areas. When, as an adolescent, she has a child herself, she is not able to control her anger at the baby's crying with any kind of higher reasoning and thus becomes an abuser herself.

- If the "primitive" instincts are overstimulated (e.g., through exposure to violence) or the "higher" areas are underdeveloped (e.g., through lack of intellectual stimulation), however, the brain never learns to progress beyond the survival instinct.

A 15-year-old boy sees some sneakers he wants. Another younger child is wearing them — so he pulls out a gun and demands them. The younger child, at gunpoint, takes off his shoes and surrenders them. The 15-year-old puts the gun to the child's head, smiles, and pulls the trigger. When he is arrested, the police are chilled by his apparent lack of remorse. Asked later if he would do anything differently, he replies, "I would have cleaned my shoes so you wouldn't have known that I was the one who did it." He shows regret for being caught — an intellectual, cognitive response. But remorse — an emotion — is absent. He feels no connection to his victim and is, literally, emotionally retarded. Neglected and humiliated by his mother as a child, the part of his brain which would have allowed him to feel connected to other human beings — empathy — simply did not develop.

- In addition to intellectual capacity, emotional and behavioral development can be affected in much the same manner. Furthermore, the hierarchy of development within the brain continues to guide our decision making and impulse control for the rest of our lives.

Taken from B. Perry, Incubated in Terror: Neurodevelopmental Factors in the Cycle of Violence In Children, Youth, and Violence: Searching for Solutions, *1995.*

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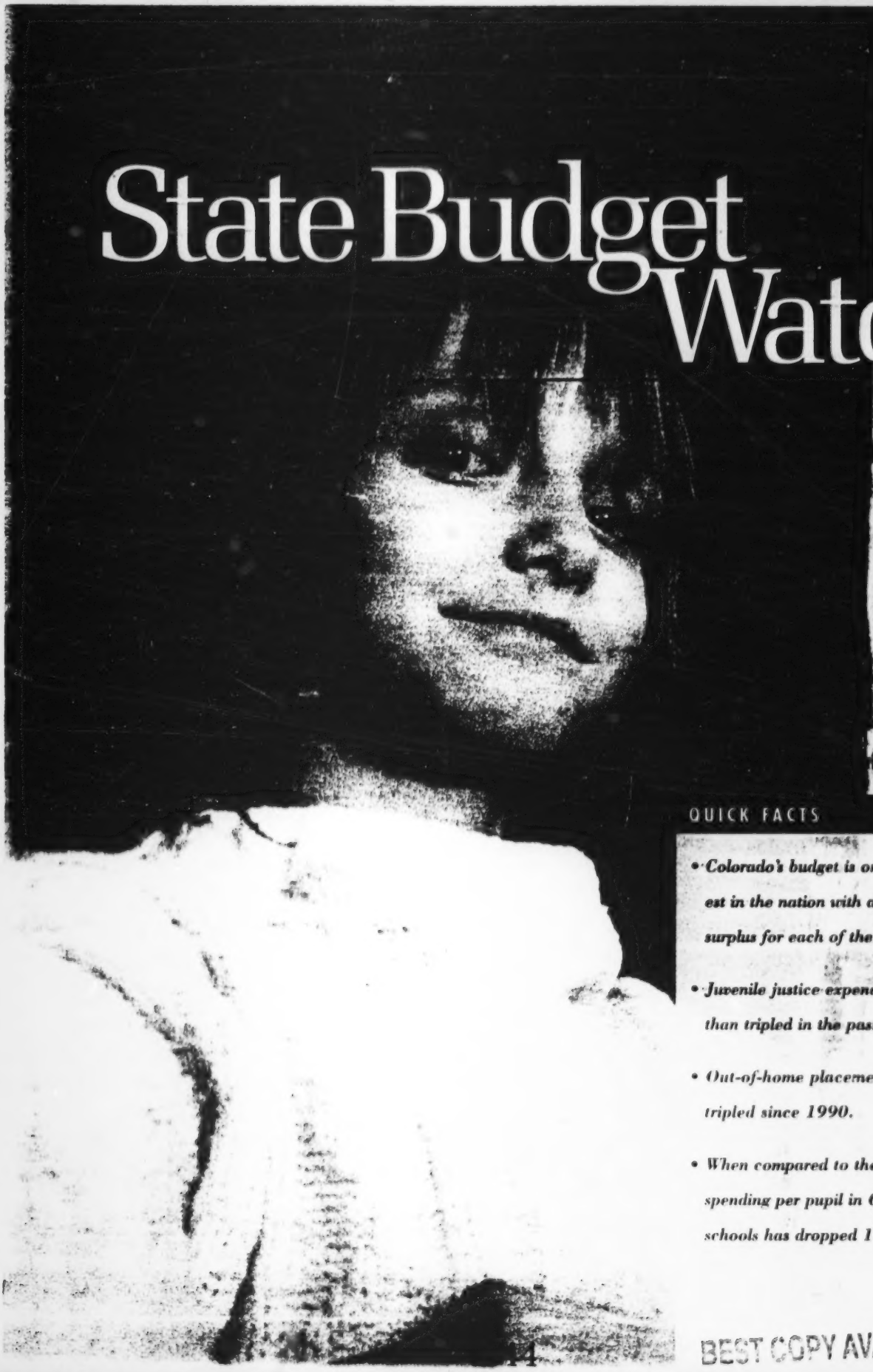
State Budget Watch



QUICK FACTS

- ***Colorado's budget is one of the healthiest in the nation with a projected annual surplus for each of the next five years.***
- ***Juvenile justice expenditures have more than tripled in the past 10 years.***
- ***Out-of-home placement costs have tripled since 1990.***
- ***When compared to the rate of inflation, spending per pupil in Colorado public schools has dropped 11% since 1988.***

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DID YOU KNOW?

The total cost to parents of raising a child in the U.S. is estimated between $200,000 and $265,000.[39]

Colorado's total spending per poor child on programs such as AFDC, Medicaid, and foster care was 9% below the national average in 1992.[40]

THE CHALLENGE

Colorado has made a concerted effort in recent years to fund prevention. Funding for child care, family preservation, the Youth Crime Prevention and Intervention Fund, and other prevention-oriented programs have all increased since 1990. Funding support for these programs, however, is marginal compared to recent increases for crisis-driven services such as juvenile justice and out-of-home placement.

THE OPPORTUNITY

Colorado's strong economy and broad base of stable families ensure that many Colorado children receive the nurturing, health care, and education they need to thrive. Not all Colorado children, however, are as fortunate. There is a growing number of families that are struggling to provide for their children. The opportunity before Colorado is to use several decades of research on what are good investments for children. If we shape state policy based on what we know about promoting optimal brain development, creating strong families, and giving children what they need to succeed, more Colorado children will grow up educated, healthy, and with hope for a bright future.

"The whole people must take upon themselves the education of the whole people and be willing to bear the expense of it."

PRESIDENT JOHN ADAMS, 1758

COLORADO CHILDREN'S CAMPAIGN'S
Small Steps for Children

- Launch of the Ad Hoc Children's Legislative Committee. This 21-member bipartisan group of state legislators is dedicated to the passage of legislation supporting a continuum of health care, education, and family support for children from birth through age five (1995).
- Creation of the Children's State Budget Watch to document state and federal spending on children and track its effect on the Decade of the Child Goals of child well-being (1996).

A STRONG ECONOMY

The Colorado economy is one of the healthiest in the nation.

- The annual growth (7%) in the amount of state tax dollars that Colorado collects each year is far greater than the national average (4%).[132] This annual increase is almost entirely due to our expanding economy and growing population. Colorado's actual combined state and local tax rate continues to be among the lowest in the nation.[133]
- The annual state budget is projected to have a surplus for each of the next five years.[134]
- Colorado will continue to outpace the U.S. in job growth as it has for the past five years.[135]

CURRENT FUNDING

Table 1 documents current levels of funding for selected services for Colorado children and their families.

- Colorado spent nearly $2,000 per child to assist low-income Colorado families with their child care expenses in 1995-1996. Under workforce requirements in the newly enacted welfare reform bill, an estimated 20,000 additional low-income

"Colorado's school districts face serious costs pressures, both from the number, and characteristics, of pupils enrolling in public schools and from inflation...The state has made an enormous effort to provide its share of support but it has not been sufficient to overcome reductions in property tax revenue."

AUGENBLICK AND MYERS
A Profile of the Fiscal Status of Public Schools in Colorado

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STATE BUDGET WATCH

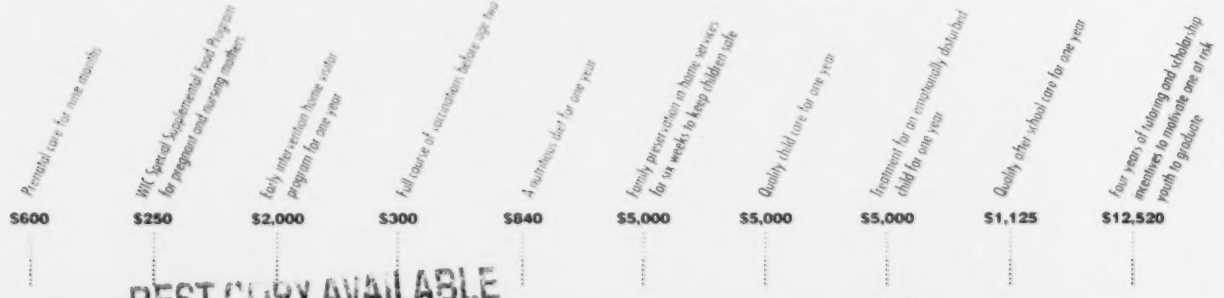
STATE FISCAL YEAR (JULY 1, 1995 TO JUNE 30, 1996)

PROGRAM	PURPOSE	CHILDREN SERVED (based on monthly or daily averages)	ANNUAL FUNDING[A]	
INCOME ASSISTANCE				
AFDC Aid to Families with Dependent Children	Temporary cash assistance for families whose annual income falls below 39% of the poverty level ($5,020 for a family of three).[B]	69,075 children in 36,181 families	State Federal Total	$ 51,607,384 $ 52,502,525 $ 104,109,909
EARLY CHILDHOOD CARE AND EDUCATION				
CHILD CARE ASSISTANCE Low Income JOBS Transitional	Child care subsidies for low-income families that are employed, receiving job training, or that are employed while in their first year off of AFDC.	13,021 children	State Federal Total	$ 13,088,406 $ 17,892,868 $ 30,981,274
SELECTED PRESCHOOL PROGRAMS Colorado Preschool Program Chapter One Preschool Head Start	Children at risk for school failure.	17,068 children	State Federal Total	$ 13,300,000 $ 35,237,340 $ 48,537,340
CHILD WELFARE				
FAMILY PRESERVATION SERVICES Family and Children's Programs	Support services for families with children at risk of out-of-home placement.	15,000 families	State Federal Total	$ 19,911,350 $ 12,566,653 $ 32,478,003
OUT-OF-HOME PLACEMENT	Care for children in foster care or other care facilities.	5,673 children	State Federal Total	$ 78,857,959 $ 29,335,541 $ 108,193,500
EDUCATION				
K-12 EDUCATION	Education for kindergarten through grade 12 in Colorado public schools. Also includes funding for transportation, special education, and the gifted and talented program.	627,934 students	State Federal Total	$1,633,906,102 $ 37,056,356 $1,670,962,458
HEALTH AND NUTRITION				
FREE AND REDUCED SCHOOL LUNCH	Nutritionally rich lunches for low-income children.	132,164 students	State Federal Total	$ 0 $ 54,056,555 $ 54,056,555
MEDICAID	Medical care for low-income children or children who are in foster care.	129,520 children	State Federal Total	$ 73,078,587 $ 82,170,153 $ 155,248,740
WIC Supplemental Nutrition Program for Women, Infants, and Children	Nutrition program for pregnant women and new mothers, infants, and young children who are low income and considered at nutritional risk.	138,985 women, infants, and children	State Federal Total	$ 0 $ 45,342,392 $ 45,342,392
JUVENILE JUSTICE Detained and committed populations in the Division of Youth Corrections	Juveniles, ages 10 to 20, who are in a detention center, state institution, secure placement, community placement, alternative program, or who are on parole.	1,907 youth	State Federal Total	$ 60,130,811 $ 8,057,056 $ 68,187,867

Source: Colorado Department of Education, Colorado Department of Human Services, Governor's Office of State Planning and Budgeting

Note: A. State share includes both state and local contributions. B. The poverty line was $12,980 for a family of three in 1996.

COSTS OF PREVENTION OPPORTUNITIES IN THE LIFE OF A HIGH-RISK CHILD


Prenatal care for nine months
$600
WIC Special Supplemental Food Program for pregnant and nursing mothers
$250
Early intervention home visitor program for one year
$2,000
Full course of vaccinations before age two
$300
A nutritious diet for one year
$840
Family preservation in home services for six weeks to keep children safe
$5,000
Quality child care for one year
$5,000
Treatment for an emotionally disturbed child for one year
$5,000
Quality after school care for one year
$1,125
Four years of tutoring and scholarship incentives to motivate one at risk youth to graduate
$12,520

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children will need subsidized child care while their parents enter the workforce.

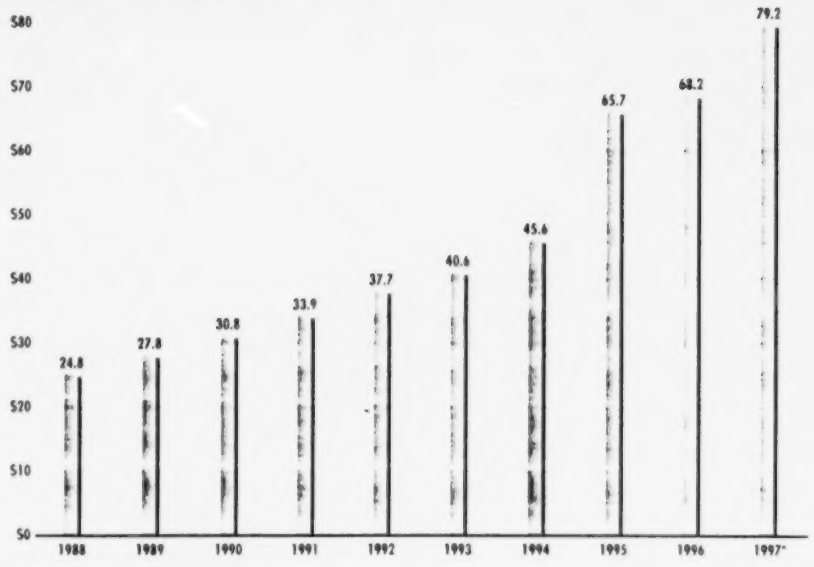
- The AFDC maximum monthly benefit for a Colorado three-person family has declined by 52% over the past 25 years, from $744 per month in 1970 (adjusted for inflation to 1995 dollars) to $356 in 1995. This is one of the 10-biggest erosions in the nation.[16]
- When compared to the rate of inflation, spending per pupil in Colorado public schools has dropped 11% since 1988.[17]
- Out-of-home placement costs for children in foster care and troubled youth have tripled since 1990, due largely to more children requiring services and those children being older with more complex, long-term needs.[18]
- Juvenile justice expenditures have more than tripled in the last 10 years (Figure 1). Only 9% of the entire juvenile justice budget is currently targeted at prevention.

"The legislature and the system generally don't give children the priority they deserve. We're paying for it now."

EL PASO DISTRICT JUDGE RICHARD TOTH

Figure 1

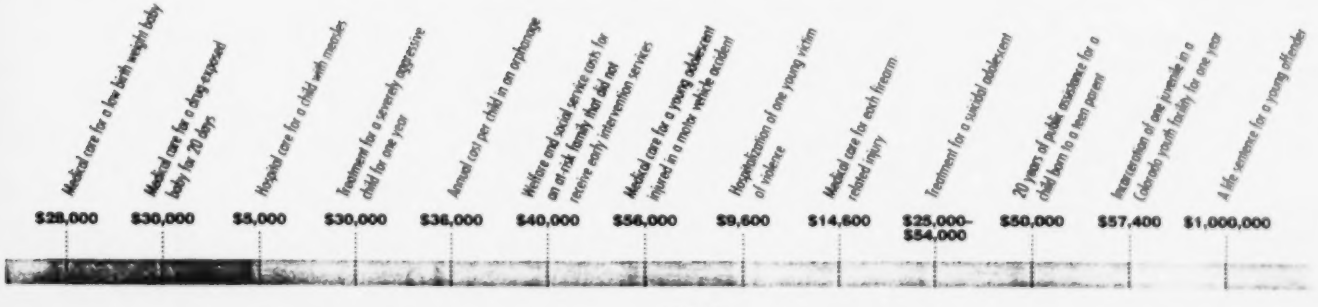
Youth Corrections Expenditures More Than Tripled in the Last 10 Years, Colorado: 1988-1997
(Figures are reported in millions of dollars)



*Projected
Source: Governor's Office of State Planning and Budgeting
Note: Division of Corrections total operating expenditures does not include Youth Offender System funds.

Figure 3

COSTS OF CRISIS INTERVENTION IN THE LIFE OF A HIGH-RISK CHILD


Medical care for a low birth weight baby
$28,000
Medical care for a drug exposed baby for 70 days
$30,000
Hospital care for a child with measles
$5,000
Treatment for a severely aggressive child for one year
$30,000
Annual cost per child in an orphanage
$36,000
Welfare and social service costs for an at-risk family that did not receive early intervention services
$40,000
Medical care for a young adolescent injured in a motor vehicle accident
$56,000
Hospitalization of one young victim of violence
$9,600
Medical care for each firearm related injury
$14,600
Treatment for a suicidal adolescent
$25,000-$54,000
20 years of public assistance for a child born to a teen parent
$50,000
Incarceration of one juvenile in a Colorado youth facility for one year
$57,400
A life sentence for a young offender
$1,000,000

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SEIZING OPPORTUNITIES

WHO IS AT RISK?

More than 91,000 U.S. children under age 13 were arrested for felonies in 1994. A recent study of children ages four to nine arrested for serious crimes found that they shared many of the same characteristics:

- 91% lived in a family poor enough to qualify for AFDC;
- 81% had families with a history of abuse or neglect;
- 70% had a parent or sibling with a criminal record;
- 70% lived in single-parent homes;
- 70% had mothers who had their first child as a teenager;
- 63% had been suspended from school at least once;
- 51% had learning disabilities;
- 45% came from families with four or more children.[7]

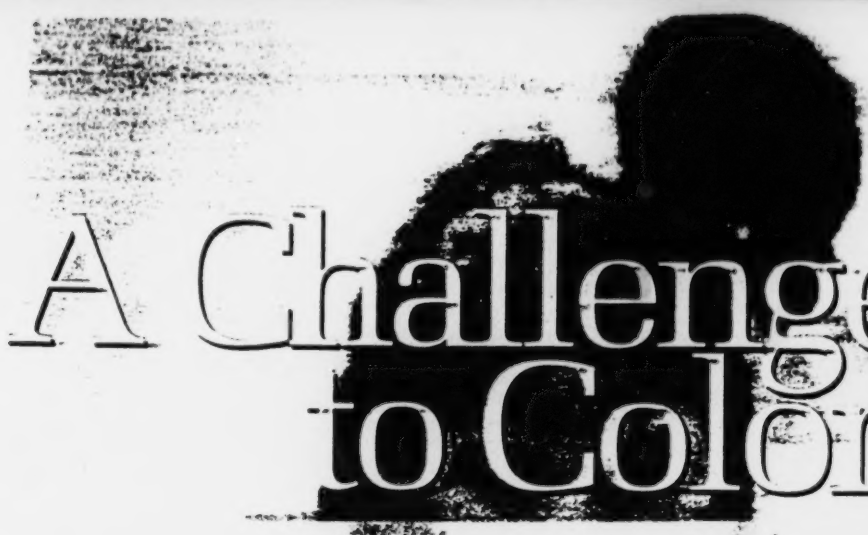
COLORADANS SUPPORT PREVENTION PROGRAMS

Colorado voters overwhelmingly support cost-effective prevention initiatives over crisis-driven interventions. In a survey of 400 registered Colorado voters in 1994, Coloradans supported funding programs:

- to prevent child abuse (85%);
- to prevent teen pregnancy (80%);
- on how to be a better parent (77%);
- for preschool for three- and four-year-old children (75%);
- to guarantee health care for children birth to age six (72%);
- for School-Based Health Centers (75%);
- for after-school programs for elementary and middle school students (75%).[8]

WE KNOW WHAT TO DO

For those high-risk children and youth who need extra help, Figures 2 and 3 demonstrate how the cost of prevention is far less than the cost of crisis intervention over the lifetime of a child.



A Challenge to Colorado

Families struggling to care for their children...Health care organized around crisis instead of prevention...Schools serving more students with greater needs...Record levels of violence in the lives of youth....An increasing number of children in institutional care and rising associated costs....

The 1997 KidsCount in Colorado! *report has taken an in-depth look at some of these challenges facing Colorado children. There are no silver-bullet solutions to these problems, but at the Colorado Children's Campaign, we think we have found a promising starting point: optimal brain development among Colorado's youngest children. The amazing discovery of the brain's early development — and its ability to physically rewire itself to become smarter — makes mental stimulation, in the long run, almost as essential to a child's growth as food.*

Our challenge is to promote the healthy intellectual, emotional, and behavioral growth of all Colorado children by championing preventive health care, quality child care, and family support during a child's formative years. We have a huge task ahead of us: to dramatically increase the opportunities for the early development of all young Coloradans. If successful, we will literally have made a world of difference.

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SELECTED COUNTY DATA

	1996 Number of Children under Age 18	1996 Percent of Total Population under Age 18	1994 Number of Live Births	1994 Percent of All Births to Single Moms	1994 Teen Birth Rate, Per 1,000 Girls Ages 15-19	1994 Percent of All Births to Teens	1994 Percent of Teen Births to Single Teens	1994 Percent of Three-Risk-Factor Births	1994 Percent Early Entry into Prenatal Care
COLORADO	**986,116**	**25.8**	**54,050**	**25.0**	**50.6**	**12.1**	**72.5**	**8.3**	**80.7**
Adams	88,736	29.2	4,637	32.3	77.2	15.8	77.8	11.6	77.1
Alamosa	4,310	28.5	224	19.2	55.2	19.6	43.2	8.3	88.2
Arapahoe	121,130	26.9	6,120	21.3	38.7	8.6	75.6	5.2	86.5
Archuleta	1,886	25.9	59	28.8	40.7	15.3	100.0	14.0	78.0
Baca	1,078	24.2	53	13.2	66.7	17.0	33.3	5.7	71.2
Bent	1,261	22.1	67	29.9	80.6	20.9	71.4	7.5	71.6
Boulder	61,543	23.7	3,067	17.5	25.7	7.2	72.1	5.3	84.0
Chaffee	3,120	20.7	124	18.5	53.8	17.7	54.5	6.5	75.8
Cheyenne	719	30.4	22	13.6	71.2	22.7	*	*	59.1
Clear Creek	2,108	23.9	118	16.9	25.6	5.9	71.4	2.6	90.6
Conejos	2,491	32.2	116	25.9	80.6	24.1	60.7	9.6	85.2
Costilla	955	27.9	47	38.3	102.5	23.4	90.9	11.9	78.7
Crowley	929	21.3	38	23.7	61.9	15.8	*	*	64.9
Custer	624	21.7	40	17.5	57.7	12.5	60.0	*	87.2
Delta	5,799	22.5	312	31.7	93.6	24.0	65.3	15.1	68.7
Denver	114,607	23.1	8,598	38.7	63.9	15.3	80.4	15.2	72.1
Dolores	396	24.4	13	30.8	*	*	*	*	84.6
Douglas	32,204	29.1	1,668	4.9	17.3	2.3	87.2	1.1	95.7
Eagle	7,268	24.3	456	13.2	49.6	7.0	46.9	5.4	74.3
Elbert	4,177	26.9	171	14.0	24.5	6.4	81.8	2.9	88.2
El Paso	130,137	27.5	7,789	20.8	56.0	11.8	63.1	5.4	83.4
Fremont	8,715	21.6	405	33.8	64.5	18.8	72.4	13.2	79.3
Garfield	9,971	27.2	481	17.7	61.7	13.9	53.7	6.4	73.8
Gilpin	781	20.6	43	32.6	31.7	7.0	*	7.3	80.5
Grand	2,058	21.8	122	16.4	54.3	12.3	66.7	4.2	82.6
Gunnison	2,547	20.8	111	13.5	18.8	9.9	45.5	4.5	92.7
Hinsdale	125	19.1	6	*	*	*	*	*	83.3
Huerfano	1,720	23.8	54	37.0	41.8	18.5	50.0	7.4	81.1
Jackson	373	21.4	20	15.0	*	*	*	*	60.0
Jefferson	128,177	25.9	6,474	15.9	36.6	7.6	74.0	4.6	89.4
Kiowa	443	25.7	21	14.3	*	*	*	*	66.7
Kit Carson	2,079	28.2	86	8.1	23.0	7.0	50.0	*	82.6
Lake	1,914	28.0	97	26.8	66.4	14.4	64.3	6.2	63.5
La Plata	9,251	23.6	447	22.6	24.7	9.6	67.4	4.1	83.1
Larimer	53,832	24.3	2,780	18.9	26.9	8.6	68.6	5.8	76.4
Las Animas	3,814	24.5	191	36.1	75.0	23.0	61.4	6.8	71.2
Lincoln	1,610	25.3	59	20.3	39.3	11.9	71.4	5.1	79.7
Logan	4,807	25.2	245	31.0	49.9	18.0	77.3	9.5	75.2
Mesa	27,425	25.5	1,308	26.5	54.5	16.6	71.4	10.4	81.6
Mineral	158	24.7	4	*	*	*	*	*	100.0
Moffat	3,600	29.6	127	24.4	35.9	14.2	83.3	7.9	78.0
Montezuma	6,282	27.9	323	35.9	63.0	16.7	68.5	9.8	66.9
Montrose	7,496	25.0	420	24.5	71.7	17.6	45.9	7.7	66.5
Morgan	7,454	29.0	444	24.1	108.2	20.5	58.2	11.8	68.1
Otero	5,937	27.9	303	39.3	77.3	21.1	81.3	11.3	69.1
Ouray	682	21.6	34	17.6	*	*	*	*	75.8
Park	2,595	23.4	136	11.0	26.4	5.9	62.5	2.2	86.3
Phillips	1,146	25.0	54	18.5	39.8	11.1	66.7	13.0	81.5
Pitkin	2,537	17.4	157	15.3	36.2	5.7	77.8	4.8	84.6
Prowers	4,138	30.2	221	33.0	84.1	21.7	72.9	15.5	60.5
Pueblo	33,387	25.6	1,762	41.4	71.7	20.3	79.3	13.9	82.8
Rio Blanco	1,800	25.7	62	14.5	38.2	21.0	61.5	4.8	72.6
Rio Grande	3,462	29.2	152	24.3	69.8	19.7	60.0	8.2	83.2
Routt	3,805	22.2	168	17.9	15.9	4.2	100.0	1.8	80.4
Saguache	1,703	30.4	76	27.6	92.2	22.4	52.9	10.7	84.2
San Juan	163	27.7	10	*	*	*	*	*	66.7
San Miguel	1,176	21.6	48	16.7	35.2	8.3	*	*	83.0
Sedgwick	588	22.2	35	20.0	70.2	20.0	71.4	8.6	88.6
Summit	3,652	20.6	208	10.1	27.8	4.3	55.6	2.4	86.5
Teller	4,648	25.5	185	15.7	22.2	6.5	66.7	2.7	89.2
Washington	1,395	26.0	72	19.4	42.9	11.1	75.0	8.5	81.9
Weld	40,651	27.0	2,257	32.8	57.0	16.0	74.4	12.9	71.8
Yuma	2,542	26.8	96	9.4	36.7	12.5	50.0	4.3	86.3

1994 Percent Low Birth Weight Births	1994 Infant Mortality Rate Per 1,000 Live Births	1994 Child Death Rate Per 100,000 Children	1995 AFDC Rate Per 1,000 Children	1995 Out-of-Home Placement Rate Per 1,000 Children	1996 Percent of Children under Age 6 Without Available Licensed Child Care	1995 Free School Lunch as Percent of All Public School Students	1995 High School Graduation Rate	1995 High School Dropout Rate Grades 7-12	1994 Juvenile Crime Arrest Rate Per 1,000 Youth Ages 12-17	1994 Juvenile Violent Crime Arrest Rate Per 10,000 Youth Ages 10-17
8.6	**6.9**	**73.1**	**74.3**	**13.7**	**30.0**	**22.0**	**77.4**	**4.4**	**138**	**42**
9.6	7.1	73.4	92.4	16.7	53.6	23.9	69.5	4.9	338	158
8.9	*	64.7	125.1	12.6	51.2	42.5	83.9	3.0	155	33
9.0	7.2	67.7	41.9	8.7	21.3	13.3	83.7	2.9	22	4
5.1	*	*	39.7	14.2	39.6	23.7	83.6	2.6	48	0
*	*	*	44.0	10.2	6.6***	36.1	84.1	2.4	2	0
10.4	*	*	136.7	9.8	19.6	45.8	85.3	1.9	30	0
7.0	5.2	54.4	30.6	9.0	19.4	12.0	78.9	3.9	170	26
12.9	*	94.0	53.2	4.9	44.7	21.4	76.9	2.9	72	7
*	*	*	39.4	14.8	64.4	22.3	100.0	0.4	9	0
13.6	25.4	180.2	11.4	29.5	36.5	11.9	69.2	5.0	107	98
6.9	25.9	153.5	128.9	13.7	83.0	53.2	85.8	1.6	****	****
21.3	*	*	201.9	15.3	100.0	66.8	89.8	2.4	13	0
10.5	*	*	230.9	6.6	34.9	55.9	89.4	2.4	7	0
12.5	*	*	104.0	3.3	50.0	26.9	100.0	0.9	13	0
7.7	*	84.4	78.9	14.6	38.5	31.1	86.1	2.9	24	3
10.3	8.7	100.9	183.7	28.1	25.5	53.1	62.3	9.9	171	13
*	*	*	36.1	10.3	80.6	16.2	100.0	0.0	24	0
7.1	2.4	39.8	7.6	2.3	3.7	2.0	88.6	1.2	107	10
12.7	8.8	98.7	5.5	4.2	37.6	15.4	80.0	2.1	48	4
9.4	*	*	22.4	5.0	48.3	8.2	86.7	0.8	37	0
8.6	7.1	69.7	65.9	13.2	36.1	19.0	75.9	4.3	195	77
9.6	*	80.4	105.7	17.9	49.1	24.8	81.9	2.6	136	13
6.7	12.5	71.5	33.6	12.3	55.8	13.2	80.8	2.8	36	2
9.3	*	*	11.8	25.0	77.1	9.6	100.0	0.0	34	0
11.5	*	*	15.6	11.4	29.4	12.3	84.0	2.4	24	21
4.5	*	*	23.4	17.6	53.9	8.4	81.4	3.0	20	0
*	*	*	8.1	**	45.5	8.6	**	**	0	0
11.1	*	*	153.9	26.8	75.5	49.5	95.7	2.0	87	50
*	*	*	43.5	12.3	60.3	28.7	100.0	1.2	****	****
7.5	5.9	59.0	29.8	6.4	19.6	9.9	82.6	4.0	114	30
*	*	*	17.5	10.5	56.3	18.4	93.3	1.4	0	0
*	*	*	34.0	12.7	39.6	25.5	92.2	2.4	34	21
13.4	*	*	15.9	19.3	29.9	22.8	68.7	5.4	13	0
7.8	6.7	50.3	32.5	9.4	42.8	17.4	72.6	3.8	109	29
7.1	7.2	67.9	46.2	11.0	20.2	14.2	79.4	3.6	108	27
7.3	*	98.2	143.0	18.6	5.3	48.3	83.8	3.4	107	105
13.6	*	*	34.7	24.6	34.6	21.1	88.7	1.6	13	0
6.9	12.2	134.1	76.2	8.7	20.1	26.9	92.3	1.5	92	32
6.3	5.4	70.4	87.8	19.4	31.2	34.2	67.7	7.9	100	21
*	*	*	34.2	**	62.5	18.2	72.7	8.7	0	0
7.1	*	77.5	45.8	14.1	70.3	14.2	81.0	2.2	170	28
7.1	*	61.3	64.8	14.1	52.6	32.0	66.0	3.5	42	3
7.6	*	52.0	40.8	21.1	29.9	25.9	68.9	4.6	67	14
8.1	9.0	104.5	68.6	18.8	54.3	34.3	78.6	3.6	75	21
8.9	*	48.0	156.2	15.2	32.3	46.8	87.9	2.2	115	70
*	*	*	8.9	4.7	10.0	9.0	94.6	0.4	0	0
13.2	*	*	25.5	16.7	41.9	13.0	90.4	0.6	61	64
*	*	*	32.9	14.1	26.5	21.1	93.0	1.9	27	0
10.3	*	*	2.8	2.7	20.3***	0.0	90.0	2.4	23	11
8.1	*	*	113.7	9.8	44.2	37.3	83.6	2.4	44	5
9.4	8.5	99.6	182.2	22.2	39.3	37.1	85.2	3.5	223	122
4.8	*	145.1	41.8	20.9	20.8	15.7	89.5	1.6	46	11
7.9	*	113.3	136.8	6.7	69.3	38.3	80.2	1.7	83	44
8.3	17.9	126.2	10.8	6.2	23.3	5.6	88.2	1.6	40	0
6.6	*	*	145.1	10.6	96.9	66.1	62.5	6.3	61	0
*	*	*	54.5	11.1	100.0	0.0	100.0	0.0	143	0
8.3	*	*	12.4	2.7	32.3	7.3	87.9	0.8	15	22
*	*	*	48.5	14.1	32.0	32.8	100.0	1.5	23	33
13.9	14.4	114.7	2.3	11.0	1.6	3.9	83.8	1.1	70	9
13.0	*	88.5	33.2	17.0	43.1	11.3	85.3	3.5	129	22
5.6	*	*	28.7	16.4	25.4	29.0	88.7	2.1	6	0
6.4	6.2	72.9	82.7	15.0	30.5	32.6	74.6	5.0	118	16
6.3	*	*	26.4	8.7	6.3	24.5	91.1	0.7	23	8

*Fewer than three events **Hinsdale total is included in Gunnison total. Mineral total is included in Rio Grande total ***Percent surplus of available licensed child care ****Not reporting

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TECHNICAL NOTES

DATA
KidsCount in Colorado! relies on data from federal, state, and local agencies. These sources are the final authority relating to the quality of any data.

AFDC RATE
Colorado Department of Human Services, 1995 data. The rate is the number of children receiving AFDC per 1,000 children.

CHILD ABUSE REPORTS AND DEATHS
Colorado Department of Human Services, Child Welfare Division, 1995 data, Central Registry of Child Abuse and Neglect, as reported to National Child Abuse and Neglect Data System. Child abuse deaths are those deaths of children ages 0 through 18 where the cause is confirmed to be child abuse. Only those reports which have been confirmed are counted.

CHILD CARE NEED
Colorado Department of Human Services, Facility and Spaces Report, May 1996; Division of Child Care Services. 1990 U.S. Decennial Census. An estimate of child care need was calculated for children under the age of six with all parents in the workforce based on the number of spaces in state licensed child care centers and homes. Calculations by the Colorado Children's Campaign.

CHILD DEATH RATE
Colorado Department of Public Health & Environment, Health Statistics Section, 1994 data run by the Department. The child death rate is the number of deaths to children from birth to age 18 per 100,000 children. The indicator measures deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides, and suicides).

DECADE OF THE CHILD
The Year 2000 goals are those set by the Decade of the Child Coalition. These goals are not always identical to those set by other groups such as the United States Public Health Service's Healthy People 2000 goals.

EARLY ENTRY INTO PRENATAL CARE
Health Statistics Section, Colorado Department of Public Health & Environment, 1994 data run by the Department. The rate of prenatal care is the number of births with prenatal care from the first trimester of pregnancy per 100 births for which care is known.

FREE SCHOOL LUNCH PARTICIPATION
Colorado Department of Education, 1995 data run by the Department. The indicator measures the number of children who qualify for free school lunches because their family income is less than 130% of poverty, as a percent of all students attending public schools.

HIGH SCHOOL DROPOUTS
Colorado Department of Education. *1994-95 Annual Dropout Rates for Grades 7-12, December 1995.* The dropout rate is an annual rate reflecting the percentage of all students enrolled in grades 7-12 who leave school for any reason, except death, before completion of a high school diploma or its equivalent, and who do not transfer to another public or private school or enroll in an approved home study program.

HIGH SCHOOL GRADUATION
Colorado Department of Education. *Colorado Graduation Rates for Class of 1995, December 1995.* The 1995 graduation rate is a four-year rate based on students reported by school districts who began ninth grade in the 1991-92 school year. The membership base used to calculate a high school's graduation rate includes students who transfer into the Class of 1995 and excludes students who transfer out of the Class of 1995. In addition, high schools can adjust their membership base for a student reported as a dropout during a previous school year if the high school has documentation that the student returned or transferred to another educational program."

INDICATORS
With the advice of its Data Advisory Committee, *KidsCount in Colorado!* selected various indicators from the National KIDS COUNT project, the Decade of the Child Project, and the data available in Colorado. The Data Advisory Committee is a broad cross-section of data experts from various disciplines around the state, including: The Children's Hospital; the Colorado Departments of Human Services, Public Health & Environment, Education, Local Affairs, and Health Care Policy & Financing; Governor Romer's Office of Policy Initiatives; and the University of Colorado Health Sciences Center.

INFANT MORTALITY
Colorado Department of Public Health & Environment, Health Statistics Section, 1994 data run by the Department. The infant mortality rate is the number of deaths during the first year of life per 1,000 live births.

JUVENILE ARRESTS
Colorado Bureau of Investigation, Crime Information Center, *Crime in Colorado: The Annual Report of the Department of Public Safety, 1994.* The annual figures include all arrests of youth during the year including repeated arrests of the same youths for different incidents. Note that 11 cities in Colorado are located in two or more counties, but their arrest figures are attributable to one county. (Arvada/Jefferson, Aurora/Adams, Basalt/Eagle, Bow Mar/Arapahoe, Brighton/Adams, Broomfield/Boulder, Center/Saguache, Erie/Weld, Green Mountain Falls/El Paso, Littleton/Arapahoe, and Westminster/Adams.) The violent crime arrest rate is the number of arrests of youth older than age 10 and younger than age 18 for violent crimes (homicide, forcible rape, aggravated assault, and robbery) per 1,000 youth of the same age.

LOW WEIGHT BIRTHS
Health Statistics Section, Colorado Department of Public Health & Environment, 1994 data run by the Department. Low weight births are those under 5.5 pounds (2.5 kilograms). The rate is the number of low weight births per 100 live births.

OUT-OF-HOME PLACEMENT
Colorado Department of Human Services, Child Welfare Division, 1995 data run by the Department. The rate represents nonemergency out-of-home placements by the Department per 1,000 children. Placements include family foster care, specialized group homes, residential child care facilities, independent living situations, foster care with relatives, residential treatments centers, detention, legal risk adoptions, medical care, and both emergency and non-emergency placements in receiving or shelters.

PATERNITY ESTABLISHMENT
Health Statistics Section, Colorado Department of Public Health & Environment. The rate is the number of paternities established per 100 unmarried births through voluntary hospital-based or court-ordered establishment reported as of January 1, 1997. These rates are updated annually to reflect new paternities established for children born in the past years and therefore previously reported rates will differ from the most current rates reported here.

RATES AND PERCENT
KidsCount in Colorado! uses rates and percents to allow comparison between counties. Rates are calculated by 100 (percent), 1,000, or 100,000, depending upon the size of the target population. Using a rate allows comparison of an indicator across counties with greatly varying populations. (An asterisk appears for counties where fewer than three events occurred for Vital Statistics Data).

TEEN BIRTHS
Health Statistics Section, Colorado Department of Public Health & Environment, 1994 data run by the Department. Population estimates, Department of Local Affairs, Division of Local Government. The teen birth rate is the number of live births to girls, ages 15 to 19, per 1,000 female teens of that age.

TEEN SUICIDE
Health Statistics Section, Colorado Department of Health, 1994 data run by the Department. Special data run by the Department. Population data from tables prepared by Colorado Department of Local Affairs, Division of Local Government based upon 1990 U.S. Census data. The teen suicide rate is the number of suicides by teens, ages 10 through 19, per 100,000 teens of that age.

THREE-RISK-FACTOR BIRTHS
Health Statistics Section, Colorado Department of Health, 1994 data run by the Department. The indicator measures the percentage of births to single mothers under 25 years of age with less than a high school education.

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How You Can Help

Call the Colorado Children's Campaign at (303) 839-1580. We bring people together to improve conditions for children in neighborhoods and communities throughout Colorado. We connect trained volunteers with new parents, we help businesses become more family friendly, and we are creating common ground on children's issues in the Colorado General Assembly.

Challenge to parents: Stimulate your child's brain development from infancy. Become involved in your child's school. Spend more time together.

Challenge to communities: Make your community the best place in Colorado to raise a child. Join local organizations to improve schools, make neighborhoods safer, and support parents.

Challenge to Colorado: Make the health, education, and safety of children the state's top priority.

For more information about the data presented here or to order free pocket guides of the 1997 *KidsCount in Colorado!* report, call the Colorado Children's Campaign at (303) 839-1580.

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KIDSCOUNT IN COLORADO!

Most of the 986,000 children and youth in Colorado benefit from a strong, healthy start in life. They are born to parents who have the time and resources to nurture them, they attend good schools and can read at their grade levels, they live in safe neighborhoods, and they know their family doctors by name. There are Colorado children, however, who aren't so lucky. Many children in our state are growing up in families and communities that don't have the resources, skills, or opportunities to give children the basics for a good start in life.

- *15% live in poverty*
- *21% live with only one parent*
- *26% are not immunized on time*
- *15% do not have health insurance*
- *15% of young adolescents spend most of their after-school hours home alone*

The 1997 *KidsCount in Colorado!* report looks at some of the greatest challenges facing Colorado children and offers examples of how prevention and early intervention strategies can make a real difference in the lives of our children.

If you would like more information about how you can work to better the lives of Colorado children, call the Colorado Children's Campaign at (303) 839-1580.

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